FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Association of Insurance and Financial Advisors Political Action Commit-2901 Telestar Court ADDRESS (number and street) Check if different than previously Falls Church VA 22042 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00005249 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 08 0 1 2006 8 0 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Peter C. Browne Type or Print Name of Treasurer Electronically Filed by Peter C. Browne 09 19 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

Image# 26930380559

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

F	Report Covering the Period: From:	01 2006	To: 0 8 3 1 Y Y Y Y Y Y
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Y2006		537428.48
	(b) Cash on Hand at Begining of Reporting Period	348605.34	
	(c) Total Receipts (from Line 19)	76259.10	635615.28
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	424864.44	1173043.76
7.	Total Disbursements (from Line 31)	65422.06	813601.38
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	359442.38	359442.38
9.	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	78217.62	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Commit-

tee

Report Covering the Period:

From:

м м 0 8 01

^Y 2 0 0 6

To:

м м 0 8 ^D 3 1

2006

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	27495.46	183989.55
	(ii) Unitemized	48763.64	449125.73
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	76259.10	633115.28
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	76259.10	633115.28
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
4. 5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	2500.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	76259.10	635615.28
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	76259.10	635615.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: a) Shared Federal/Non-Federal		
'	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	000.00	170000 00
	Expenditures	922.06	173966.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	922.06	173966.38
	Fransfers to Affiliated/Other Party		
	Committees	0.00	0.00
F	Contributions to Federal Candidates/Committeesand Other Political Committees	64500.00	639250.00
	ndependent Expenditure	0.00	0.00
(use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
(Committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
	,	200	0.00
I	_oan Repayments Made	0.00	0.00
	oans Made	0.00	0.00
	Refunds of Contributions To: a) Individuals/Persons Other	0.00	005.00
,	Than Political Committees	0.00	385.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
	(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	385.00
	(add Lines 28(a), (b), and (c))	0.00	000.00
. (Other Disbursements	0.00	0.00
١.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	65422.06	813601.38
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	25,122,22	040004.00
	from Line 31)	65422.06	813601.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	76259.10	633115.28
34. Total Contribution Refunds (from Line 28(d))	0.00	385.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76259.10	632730.28
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	922.06	173966.38
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	922.06	173966.38

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 112		
	EMIZED RECEIPTS		or each category of the	(check only one)		
•••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12	47	
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or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	frict be sold of used by any persolarities to discommittee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
\rangle	National Association of Insurance and F	dvisors Political Action Com	nit-			
Α.	Full Name (Last, First, Middle Initial) Mr. Paul Adams			Date of Receipt		
	Mailing Address 5101 Missy Maric Lane			08 10 2006		
	City	State	Zip Code	Transaction ID: R1626644		
	<u>Las Vegas</u>	NV	89130	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		С		72.00		
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction		
	Receipt For:		Year-to-Date ▼	7		
	Primary General		F70.00			
	Other (specify)		576.00			
В.	Full Name (Last, First, Middle Initial) Mr. James M. Allen			Date of Receipt		
	Mailing Address 414 McCall Street			08 10 2006		
	City State		Zip Code	Transaction ID: R1628148		
	Waukesha	WI	53186-6009	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer Self-employed	Occupation		Payroll Deduction		
		Insurance	-			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)		240.00			
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Susan Jane Allen, LUTCF			Date of Receipt		
	Mailing Address 331 S. Brookfield Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City		Zip Code	Transaction ID: R1629771		
Brookfield		WI	53045	Amount of Each Receipt this Period		
	FEC ID number of contributing				П	
	federal political committee.			25.20	_	
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction		
	Receipt For:		Year-to-Date ▼	7		
	Primary General		201.00	1		
	Other (specify) ▼	0 0	201.60			
s	UBTOTAL of Receipts This Page (optional)			127.20		
\vdash					ī	
TOTAL This Period (last page this line number only)						

	EDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 112 (check only one) X 11a 11b 11c 12
Any in	formation copied from such Reports and State commercial purposes, other than using the na	ements may	y not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
\ NA	ME OF COMMITTEE (In Full) attional Association of Insurance and Fi			
A. Mr. Ma City Riv	I Name (Last, First, Middle Initial) Jeffrey Leonard Allison, ChFC, CLU illing Address 401 Wampanoag Trail, # Verside C ID number of contributing eral political committee. The proper of the proper	State RI		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ceipt For: Primary General Other (specify) ▼	Insurance Aggregate	e Agent e Year-to-Date ▼ 450.00	
3. Ms	Full Name (Last, First, Middle Initial) Ms. Carol A. Anderson, LUTCF, CFP Mailing Address 717 N. 87th St.			Date of Receipt 0 8 1 0 2 0 0 6
FE(y maha C ID number of contributing eral political committee.	State NE	Zip Code 68114	Transaction ID: R1629609 Amount of Each Receipt this Period 50.00
Sel	me of Employer If-employed ceipt For: Primary General Other (specify)	Occupation Insurance Aggregate		Payroll Deduction
Full Name (Last, First, Middle Initial) Mr. Robert B. Anderson, CLU Mailing Address 1456 Old Boones Creek Road				Date of Receipt M M A A A A A A A A A A A A A A A A A
FE	nesborough C ID number of contributing eral political committee.	State TN	Zip Code 37659	Transaction ID: R1629603 Amount of Each Receipt this Period 50.00
	me of Employer If-employed ceipt For: Primary General Other (specify)	Occupation Insurance Aggregate		Payroll Deduction
SUBT	TOTAL of Receipts This Page (optional)			250.00
TOTA	AL This Period (last page this line number on	v)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 112 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
۷.	Full Name (Last, First, Middle Initial) Mr. Robert B. Anderson, CLU			Date of Receipt
	Mailing Address 1456 Old Boones Creek I	Road		08 24 2006
	City	State	Zip Code	Transaction ID: R1630479
	Jonesborough	TN	37659	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 Check
	Name of Employer Self-employed	Occupation		Official
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		650.00	
3.	Full Name (Last, First, Middle Initial) Mr. William R. Anderson			Date of Receipt
	Mailing Address 1842 Vermont Ave NW			08 22 7 2006
	City	State	Zip Code	Transaction ID: R1630370
	Washington	DC	20001-5006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83 Check
	Name of Employer Self-employed	Occupation		Official
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	333.28	
 C.	Full Name (Last, First, Middle Initial) Mr. William R. Anderson			Date of Receipt
	Mailing Address 1842 Vermont Ave NW			08 22 7 2006
	City	State	Zip Code	Transaction ID: R1630374
	Washington	DC	20001-5006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.83
	Name of Employer Self-employed	Occupation Insurance		Check
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 333.28	
s	UBTOTAL of Receipts This Page (optional)			291.66
т.	OTAL This Period (last page this line number on	v)	b	

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 112
	EMIZED RECEIPTS		or each category of the	(check only one)
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Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	r not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Fitee	nancial Ad	dvisors Political Action Com	nmit-
A.	Full Name (Last, First, Middle Initial) Mr. Russell S. Andrews, CLU, ChFC			Date of Receipt
	Mailing Address 106 W Jefferson St #60	1		08 10 2006
	City	State	Zip Code	Transaction ID: R1629232
	Syracuse	NY	13202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General			
	Other (specify) ▼	0 0	400.00	_
В.	Full Name (Last, First, Middle Initial) Mr. Sil L. Arata, Jr.,LUTCF			Date of Receipt
	Mailing Address P. O. Box 820365			08 10 7 2006
	City	State	Zip Code	Transaction ID: R1627968
	Vancouver	WA	98682-0007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.50
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent Year-to-Date ▼	_
	Primary General	Aggregate	Teal-lo-Dale ▼	7
	Other (specify) ▼		340.00	
C.	Full Name (Last, First, Middle Initial) Mr. Thom E. Beasley			Date of Receipt
	Mailing Address 1103 Dove Rd.	08 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1629069
	<u>Jonesboro</u>	AR	72401-5270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		81.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		621.00	
s	LIDTOTAL of Descripto This Dags (antique)			173.50
	UBTOTAL of Receipts This Page (optional)			110.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 10 / 112	
	EMIZED RECEIPTS		or each category of the	(check only one)	. —	
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Δr	w information copied from such Poports and St	atomonte may	rnot he cold or used by any perso			
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.	
	NAME OF COMMITTEE (In Full)					
\rangle	National Association of Insurance and tee	Financial Ad	dvisors Political Action Com	mit-		
Α.	Full Name (Last, First, Middle Initial) Mr. John C. Beckwith			Date of Receipt		
	Mailing Address 1908 Greenbriar Drive			08 10	2006	
	City	State	Zip Code	Transaction ID: R1	629374	
	Portage	MI	49024-5787	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing federal political committee.	C			42.00	
	Name of Employer Self-employed	Occupation		Payroll Deduction		
	Receipt For:		Year-to-Date ▼	-		
	Primary General	33 -3		1		
	Other (specify) ▼	0 0	336.00			
В.	Full Name (Last, First, Middle Initial) Mr. David L. Belk, CLTC			Date of Receipt		
	Mailing Address 2 Bay Tree Court			0 8 / D D D D D D D D D D D D D D D D D D	2006	
	City State		Zip Code	Transaction ID: R1630182		
	Greensboro	NC	27455	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			275.00	
	Name of Employer Self-employed	Occupation	า	Check		
	Seir-employed	Insurance	e Agent			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		275.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Kent A. Bennett, LUTCF, CEP			Date of Receipt		
	Mailing Address 280 Hollow Road			08 10	2006	
	City	State	Zip Code	Transaction ID: R1	629966	
	Muncy	PA	17756	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing federal political committee.				87.50	
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction		
	Receipt For:		Year-to-Date ▼			
	Primary General		700.00	1		
	Other (specify) ▼	0 0	700.00			
s	UBTOTAL of Receipts This Page (optional)				404.50	
\vdash	· · · · · · · · · · · · · · · · · · ·		•	-		
т	OTAL This Period (last page this line number of	only)				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 112			
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12			
		Detailed Summary Page	13 14 15 16 17			
Any information copied from such Reports and Star or for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-			
Full Name (Last, First, Middle Initial) Mr. Michael D. Bennetti, LUTCF			Date of Receipt			
Mailing Address 202 Pebble Valley Dr.			08 / 01 / Y Y Y Y Y			
City	State	Zip Code	Transaction ID: R1629988			
<u>Dover</u>	DE	19904-9462	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Self-employed	Occupation Insurance		Credit Card			
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		250.00				
Full Name (Last, First, Middle Initial) 3. Mr. Robert A. Berg, CLU, LUTCF			Date of Receipt			
Mailing Address 1405 Blackberry Lane	<u> </u>					
City	State	Zip Code	Transaction ID: R1628697			
Stevens Point	WI	54481-9140	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		30.00			
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction			
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼		240.00				
Full Name (Last, First, Middle Initial) Mr. Thomas C. Besselman			Date of Receipt			
Mailing Address 6421 Perkins Rd # 2b			0 8 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: R1628521			
Baton Rouge	LA	70808-4125	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		50.00			
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction			
Receipt For:		Year-to-Date ▼				
Primary General Other (specify) ▼	0 0	350.00				
SUBTOTAL of Receipts This Page (optional)			330.00			
TOTAL This Period (last page this line number or	ılv)					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 112 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
۷ ۹.	Full Name (Last, First, Middle Initial) Mr. David B. Bianchi, CLU			Date of Receipt
	Mailing Address 1125 Beldon Way			08 10 2006
	City Reno	State NV	Zip Code 89503-3164	Transaction ID: R1629189 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Self-employed	n e Agent	Payroll Deduction	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	
3.	Full Name (Last, First, Middle Initial) Mr. J. Blayne Bird			Date of Receipt
	Mailing Address 315 Willow Drive			08 / 00 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	City Blackfoot	State ID	Zip Code 83221	Transaction ID: R1627865
	FEC ID number of contributing federal political committee.	C	63221	Amount of Each Receipt this Period 30.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
D.	Full Name (Last, First, Middle Initial) Mr. Harlynn N. Bjerke, LUTCF			Date of Receipt
	Mailing Address P. O. Box 144			08 10 / Y Y Y Y Y
	City Adams	State ND	Zip Code 58210-0144	Transaction ID: R1628286 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.20
	Name of Employer Self-employed	Occupation Insurance	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 216.60	
S	UBTOTAL of Receipts This Page (optional)			115.20
T	OTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/112
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and States or for commercial purposes, other than using the nan	ments may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
National Association of Insurance and Fin tee	ancial Ad	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) 4. Ms. Eleanor B. Blaylock			Date of Receipt
Mailing Address P.O. Box 296			M M / D D / Y Y Y Y
	01-1-	7'- 0-4-	08 10 2006
City Oil City	State LA	Zip Code 71061-0296	Transaction ID: R1628095 Amount of Each Receipt this Period
FEC ID number of contributing		1 1 1 1 1 1 1	
federal political committee.	С		50.00
Self-employed	Occupation		Payroll Deduction
	Insurance		
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		384.00	
			'
Full Name (Last, First, Middle Initial) 3. Mr. John J. Bradley, CLU			Date of Receipt
Mailing Address 148 Grove Street			M M / D D / Y Y Y Y
City	State	Zip Code	0 8 1 0 2 0 0 6 Transaction ID: R1629020
Westwood	MA	02090	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		41.66
Name of Employer Self-employed	Occupation	1	Payroll Deduction
	Insurance	•	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		333.28	
			'
Full Name (Last, First, Middle Initial) 7. Mr. Gary A. Bramon, CLU, ChFC			Date of Receipt
Mailing Address 269 San Felipe Way			M M / D D / Y Y Y Y
City	State	Zip Code	0 8 1 0 2 0 0 6 Transaction ID: R1629562
<u>Novato</u>	CA	94945-1687	Amount of Each Receipt this Period
FEC ID number of contributing	С		50.00
federal political committee.	0		
Self-employed	Occupation		Payroll Deduction
	Insurance Aggregate	e Agent • Year-to-Date ▼	_
Primary General	riggrogato		
Other (specify) ▼		400.00	
SUBTOTAL of Receipts This Page (optional)		·····	141.66
TOTAL This Period (last page this line number only	·)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee			
Α.	Full Name (Last, First, Middle Initial) Mr. Robert A. Brandon Mailing Address 9440 Old Cutler Lane Journeys End City	State	Zip Code	Date of Receipt M M M
	Coral Gables FEC ID number of contributing federal political committee. Name of Employer	C Occupation	33156-2243	Amount of Each Receipt this Period 250.00 Credit Card
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Insurance		
3.	Full Name (Last, First, Middle Initial) Mr. John G. Brandt, LUTCF, FIC Mailing Address 2103 Sunset Lane			Date of Receipt M M A A A A A A A A A A A A A A A A A
	City La Crosse	State WI	Zip Code 54601	Transaction ID: R1628780 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.20
	Name of Employer Self-employed	Occupation	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 201.60	
C .	Full Name (Last, First, Middle Initial) Mr. Ronald D. Brant, CLU, LUTCF Mailing Address 10234 Hoffman			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Maybee	State MI	Zip Code	Transaction ID: R1629718
	FEC ID number of contributing federal political committee.	C	48159-9777	Amount of Each Receipt this Period 105.00
	Name of Employer Self-employed	Occupation	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 990.00	
S	UBTOTAL of Receipts This Page (optional)			380.20
T	OTAL This Period (last page this line number on			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15 / 112
	·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		ame and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		Literan Dalbitan Anton Oraș	
\angle	National Association of Insurance and F tee	Inanciai A	dvisors Political Action Com	mit- -
Α.	Full Name (Last, First, Middle Initial) Mr. Frank H. Briggs, Jr., CLU, C			Date of Receipt
	Mailing Address 2610 Bohler Rd NW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1629701
	Atlanta	GA	30327-1418	Amount of Each Receipt this Period
			00027 1110	
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employed	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	400.00	
	Other (specify)	0 0	100.00	
В.	Full Name (Last, First, Middle Initial) Mr. Jason E. Brooks, CLU, ChFC			Date of Receipt
٥.	Mailing Address 4680 Woodbine Circle			M M / D D / Y Y Y Y
		08 22 2006		
	City	Transaction ID: R1630320		
	West Bloomfield	MI	48323	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Self-employed	Occupation	1	Check
	Self-employed	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		200.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. C. Robert Brown, Sr., CLU, L			Date of Receipt
U.	Mailing Address 8675 WestCott			Date of Receipt
	Walling Address 8075 WestCott			08 10 2006
	City	State	Zip Code	Transaction ID: R1627861
	Germantown	TN	38138-7738	Amount of Each Receipt this Period
	FEC ID number of contributing	С		62.50
	federal political committee.			Payroll Deduction
Name of Employer Self-employed		Occupation		ayron beduction
			e Agent • Year-to-Date ▼	-
	Primary General	Aggregate	Toal-to-Date ▼	1
	Other (specify)		500.00	
				1
Г				
s	UBTOTAL of Receipts This Page (optional)			362.50
\vdash	,			

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finar tee	ncial Ac	dvisors Political Action Com	nit-
A. 3.	Edmond FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. George B. Bryce, CLU, ChFC	ccupation		Date of Receipt M M
	Casper FEC ID number of contributing federal political committee. Name of Employer Self-employed October 1	ccupation		Transaction ID: R1629530 Amount of Each Receipt this Period 42.00 Payroll Deduction
	Broken Arrow FEC ID number of contributing federal political committee. Name of Employer Self-employed October 1	ccupation		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	UBTOTAL of Receipts This Page (optional)		······•	162.00
т	OTAL This Period (last page this line number only)		>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finar tee	ncial Ac	dvisors Political Action Com	nit-
A.	Fargo FEC ID number of contributing federal political committee. Name of Employer Self-employed October Self-employed	ccupation		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Alamo FEC ID number of contributing federal political committee. Name of Employer Self-employed October 1 Self-employed	ccupation		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ο.	FORT COLLINS FEC ID number of contributing federal political committee. Name of Employer Self-employed October Self-employed	ccupation		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		·····	111.00
T	OTAL This Period (last page this line number only)		>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 112 (check only one) X 11a
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fittee	nancial A	dvisors Political Action Com	nit-
Α.	Full Name (Last, First, Middle Initial) Mr. Michael J. Bussard Mailing Address 3029 Flagstone Drive City Franklin FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	State TN C Occupation Insurance Aggregate	e Agent • Year-to-Date ▼	Date of Receipt M M
3.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Mrs. Evelyn Butler, CLTC, LUTC Mailing Address 10 Lincoln Ave.	0 0	250.00	Date of Receipt
	City Vernon FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	State NJ C Occupation Insurance		0 8 1 0 2 0 0 6 Transaction ID: R1628017 Amount of Each Receipt this Period 25.20 Payroll Deduction
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		201.60	
Э.	Mr. Joe D. Byars, CLU, LUTCF Mailing Address 5916 Park Ave City	State	Zip Code	Date of Receipt M M M
	Fort Smith FEC ID number of contributing federal political committee.	AR C	72903-1509	Amount of Each Receipt this Period 25.20 Payroll Deduction
	Name of Employer Self-employed Receipt For: Primary Other (specify) ▼	Occupation Insurance Aggregate		- ayron Deduction
s	UBTOTAL of Receipts This Page (optional)			300.40
T	OTAL This Period (last page this line number onl	v)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/112
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	r not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and tee	dvisors Political Action Com	mit-	
A.	Full Name (Last, First, Middle Initial) Mr. David D. Cameron, LUTCF			Date of Receipt
	Mailing Address 1142 FAIRVIEW AVE.			08 10 2006
	City Si Rupert IE		Zip Code	Transaction ID: R1629677
			83350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		30.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Year-to-Date ▼	
	Primary General	7.99.094.0		7
	Other (specify) ▼	0 0	225.00	
В.	Full Name (Last, First, Middle Initial) Mr. Christopher D. Campbell, CLU, ChFC			Date of Receipt
	Mailing Address 2511 Brandon Road	08 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1628534
	Upper Arlington	OH	43221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General	1.99.194		1
	Other (specify) ▼	0 0	340.00	
C.	Full Name (Last, First, Middle Initial) Ms. Cecilia H. Carlton, LUTCF			Date of Receipt
	Mailing Address 257 Pineview Dr			08 10 2006
	City	State	Zip Code	Transaction ID: R1629065
	Hazlehurst	MS	39083-2105	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		27.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	_
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify) ▼	0 0	202.50	
s	UBTOTAL of Receipts This Page (optional)			100.00
\vdash	daga.p.aa . daga (aptionia)			
T	OTAL This Period (last page this line number of			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	Check only one)
Τ	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			, -	13 14 15 16 17
Ar or	ny information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\Big /$	National Association of Insurance and Finatee	ancial Ac	dvisors Political Action Comr	nit-
۹.	Full Name (Last, First, Middle Initial) Ms. Kelli J. Carmichael, CLU, LUTCF			Date of Receipt
	Mailing Address 2914 S Coffman			08 10 YYYYY 2006
		State	Zip Code	Transaction ID: R1629889
	Casper	WY	82604-4733	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		22.50
	Self-employed 1	occupation		Payroll Deduction
		nsurance Aggregate	Year-to-Date ▼	-
	Primary General	iggi ogalo		
	Other (specify) ▼	0 0	270.00	
3.	Full Name (Last, First, Middle Initial) Mr. James M. Cavasar			Date of Receipt
	Mailing Address 6 Chapel Hill Court	08 10 2006		
	•	State	Zip Code	Transaction ID: R1626769
	Mansfield	TX	76063-3318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		36.00
	Self-employed 1	occupation		Payroll Deduction
		nsurance		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	0 0	288.00	
_	Full Name (Last, First, Middle Initial)			Date of Benefit
٠.	Ms. Queenie M. Chee, CLU, LUTCF Mailing Address 833 Waika Place			Date of Receipt
	OSS WAINA FIACE			08 10 2006
		State	Zip Code	Transaction ID: R1628390
	Honolulu	HI	96825-1061	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer O Self-employed	occupation	1	Payroll Deduction
		nsurance	-	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	336.00	
s	UBTOTAL of Receipts This Page (optional)			100.50
			<u> </u>	
т	OTAL This Period (last page this line number only)		•	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 21 / 112 (check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Statem for commercial purposes, other than using the name	ents may and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ıncial Ac	dvisors Political Action Com	nit-
۷.	Full Name (Last, First, Middle Initial) Mr. Chris T. Christensen			Date of Receipt
	Mailing Address 22501 Windermere Court	Otata Otata	7:- 0-1-	08 15 2006
	•	State MI	Zip Code 48336	Transaction ID: R1630244 Amount of Each Receipt this Period
	FFO ID assembles of contribution	C	40000	500.00
	Self-employed 1	ccupation surance		Check
	Receipt For: Primary General Other (specify)	aggregate	Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Thomas R. Clark, CLU, ChFC			Date of Receipt
	Mailing Address 1603 22nd St Ste 202	08 / 10 / Y Y Y Y Y		
	•	State	Zip Code	Transaction ID: R1629472
		IA	50266-1410	Amount of Each Receipt this Period
	react at position committee.	C		60.00 Payroll Deduction
	Self-employed In	ccupation surance	e Agent	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		480.00	
) .	Full Name (Last, First, Middle Initial) Mr. Gordon T. Colburn			Date of Receipt
	Mailing Address 126 Crystal Springs Road			08 10 7 2006
	•	State	Zip Code	Transaction ID: R1629271
		CA	91773	Amount of Each Receipt this Period
	react at position constitution.	C ;		42.50 Payroll Deduction
	Self-employed 1	ccupation surance		ayron Deduction
	· · · · · · · · · · · · · · · · · · ·		Year-to-Date ▼ 340.00	
S	JBTOTAL of Receipts This Page (optional)			602.50
	OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 112			
ITEMIZED RECEIPTS		or each category of the	(check only one)			
••	LIMIZED RESERVED	Detailed Summary Page	X 11a 11b 11c 12 15 16 17			
Ar	y information copied from such Reports and Statements m	nay not be sold or used by any perso	on for the purpose of soliciting contributions			
or	for commercial purposes, other than using the name and a	address of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)					
	National Association of Insurance and Financial tee	Advisors Political Action Com	mit-			
Α.	Full Name (Last, First, Middle Initial) Mr. Scott D. Colby, CLU, ChFC		Date of Receipt			
	Mailing Address 7077 E. Central #8		M M / D D / Y Y Y Y			
	City	7in Codo	08 03 2006			
	City State Wichita KS	Zip Code 67206-1929	Transaction ID: R1630024			
	FFO ID work and a self-baller	07200-1929	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		480.00			
	Name of Employer Occupat	tion	Check			
	Self-employed Insurar	nce Agent				
		ate Year-to-Date ▼				
	Primary General	975.00	1			
	Other (specify) ▼		1			
— В.	Full Name (Last, First, Middle Initial) Mr. Norman A. Coltrane, LUTCF		Date of Receipt			
	Mailing Address 1607 Hatherleigh Drive		M M / D D / Y Y Y Y			
			08 10 2006			
City Stat		Zip Code	Transaction ID: R1629582			
	<u>Fayetteville</u> NC	28304-3643	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		30.25			
	rederal political committee.		Device!! Deduction			
	Name of Employer Occupation Self-employed	tion	Payroll Deduction			
	insurar	nce Agent				
		ate Year-to-Date ▼				
	Primary General Other (specify) ▼	242.00				
	Carlot (openity) 🔻		1			
<u>С</u>	Full Name (Last, First, Middle Initial) Mrs. Melissa T. Copeland, LUTCF		Date of Receipt			
٠.	Mailing Address 236 Hobbs Landing Road		M M / D D / Y Y Y Y			
			08 10 2006			
	City State	Zip Code	Transaction ID: R1626572			
	Elizabeth City NC	27909	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.			55.00			
	· · · · · · · · · · · · · · · · · · ·		Payroll Deduction			
Name of Employer Self-employed Insurance Receipt For: Aggregat			.,			
		ate Year-to-Date 🔻	\dashv			
	Primary General	ate real to Bate V	1			
	Other (specify) ▼	385.00				
_						
•	UBTOTAL of Receipts This Page (optional)		565.25			
\vdash	ODITIAL OF NECERPLS THIS FAGE (OPHOHAI)					
т	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 112
TEMIZED RECEIPTS		or each category of the	(check only one)
TEMIZED REGEII 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta	atements may	not be sold or used by any perso	
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) A. Mr. David A. Culley, CLU, ChFC			Date of Receipt
Mailing Address 4187 Club Drive N.E.			M M / D D / Y Y Y Y
			08 10 2006
City Atlanta	State GA	Zip Code 30319-1115	Transaction ID: R1629933
•		30319-1113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer Self-employed	Occupation	1	Payroll Deduction
	Insurance		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		336.00	
Full Name (Last, First, Middle Initial) 3. Mr. Jack H. Curtis			Date of Receipt
Mailing Address 1508 Morning Glory Cr.			08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1629859
Tupelo	MS	38801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self-employed	Occupation	า	Payroll Deduction
-	Insurance	•	_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		347.50	
Full Name (Last, First, Middle Initial)			
Mr. Vincent M. D'Addona, CLU, ChFC			Date of Receipt
Mailing Address 141 Greenway Road			08 10 2006
City	State	Zip Code	Transaction ID: R1629605
Lido Beach	NY	11561-4828	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer	Occupation	2	Payroll Deduction
Name of Employer Self-employed	Insurance		
Receipt For:		Year-to-Date ▼	
Primary General		000.00	1
Other (specify)	0 0	680.00	
			177.00
SUBTOTAL of Receipts This Page (optional)		······	11.100
TOTAL This Period (last nage this line number o	nlv)		. L

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 112 (check only one) X	
An or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	nit-	
Α.	Full Name (Last, First, Middle Initial) Mr. Steven M. Daniel, CLU, ChFC, Mailing Address 2600 Meadowbrook Dr City	State	Zip Code	Date of Receipt M M M	
	Butte	MT	59701-4028	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		25.20 Payroll Deduction	
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		- ayron beduction	
Full Name (Last, First, Middle Initial) Mr. Joseph L. Davis, CLU, ChFC, Mailing Address 1420 Primrose Road N.W.				Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
	City	State Zip Code			
	Washington FEC ID number of contributing federal political committee.	C	20012-1224	Amount of Each Receipt this Period	
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1080.00		
D .	Full Name (Last, First, Middle Initial) Mr. William James DeBruin, LUTCF Mailing Address 106 Edgewood Ln			Date of Receipt	
	City	State	Zip Code	0 8 1 0 2 0 0 6 Transaction ID: R1629144	
	Combined Locks	WI	54113	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		27.00	
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 216.00		
s	UBTOTAL of Receipts This Page (optional)			187.20	
T	OTAL This Period (last page this line number on	v)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 112			
	EMIZED RECEIPTS		or each category of the	(check only one)			
'			Detailed Summary Page	X 11a 11b 11c 12 15 16 17			
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions			
$\overline{}$	NAME OF COMMITTEE (In Full)						
\rangle	National Association of Insurance and Fitee	nancial Ad	dvisors Political Action Comr	nit-			
	Full Name (Last, First, Middle Initial) Mr. John R. Dean, LUTCF,CLU,			Date of Receipt			
	Mailing Address 1700 S.W. 15th Ave.			M M / D D / Y Y Y Y			
	City	State	Zip Code	0 8 1 0 2 0 0 6 Transaction ID: R1629905			
	Willmar	MN	56201	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		42.00			
	Name of Employer	Occupation	1	Payroll Deduction			
	Self-employed Self-employed	Insurance	e Agent				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)		336.00				
3.	Full Name (Last, First, Middle Initial) Mr. Paul R. Decker, CLU, ChFC			Date of Receipt			
	Mailing Address Box 1832			08 10 7 2006			
	City	State	Zip Code	Transaction ID: R1629741			
	Idaho Falls	ID	83403-1832	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.40 Payroll Deduction			
	Name of Employer Self-employed	Occupation		Payron Deduction			
	Receipt For:		Year-to-Date ▼	-			
	Primary General		403.20				
	Other (specify) ▼	0 0	400.20				
Э. Э.	Full Name (Last, First, Middle Initial) Mr. David V. Dellinger			Date of Receipt			
	Mailing Address 3052 Stanton Circle			08 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: R1629881			
	Carmichael	CA	95608	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		42.00			
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		210.00				
sı	SUBTOTAL of Receipts This Page (optional)						
_			<u> </u>				
T	OTAL This Period (last page this line number onl	y)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the	Check only one)
		Detailed Summary Page	13 14 15 16 17
Ar or	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) National Association of Insurance and Financial Atte	Advisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. David S. Dickenson, II,CLU, Ch Mailing Address 7535 Brigham Road		Date of Receipt
	City State Gates Mills OH	Zip Code 44040	Transaction ID: R1629360 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	77040	42.00
		ce Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	te Year-to-Date ▼ 336.00	
В.	Full Name (Last, First, Middle Initial) Mr. Lyle Domenitz Mailing Address 8720 Maggie Ave		Date of Receipt 0 8 1 0 2 0 0 6
	City State	Zip Code	Transaction ID: R1626849
	Las Vegas NV	89143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.40
	Name of Employer Self-employed Occupati Insuran	on ce Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼ Aggrega	te Year-to-Date ▼ 403.20	
C.	Full Name (Last, First, Middle Initial) Mr. Anthony J. Domino, Jr. Mailing Address 83 Long Lots Rd		Date of Receipt
	- So Long Lots Nu		08 11 2006
	City State New Canaan CT	Zip Code 06840	Transaction ID: R1630189 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		125.00
	Name of Employer Self-employed Occupation Insuran	on ce Agent	Check
	Receipt For: Primary General Other (specify) ▼ Aggrega	te Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)		217.40
Ţ	OTAL This Period (last nage this line number only)	•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Ms. Rosa K. Dominy Mailing Address 4015-J Washington Rd City Martinez FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	State GA C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼	93.03	204.00	
3.	Full Name (Last, First, Middle Initial) Ms. Jill M. Douglass, LUTCF Mailing Address 1824 Villa Vista Way City Las Vegas FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State NV C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Mr. Daniel D. Duren, CLU,ChFC,L Mailing Address 6537 S. 34th Street City Lincoln FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State NE C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		······	95.00
Т	OTAL This Period (last page this line number on	lv)	.	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 28 / 112 (check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Robert Eddy, Jr.,CLU, C			Date of Receipt
	Mailing Address 203 Autumn Oak Bend			08 / 10 / 2006
	City	State	Zip Code	Transaction ID: R1629100
	Lafayette EEC ID number of contributing	LA	70508-8004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		340.00	
3.	Full Name (Last, First, Middle Initial) Mr. Matthew Edelstein, CLU,ChFC			Date of Receipt
	Mailing Address 1550 Penstemon Ct	0 8 1 0 2 0 0 6		
	City	State	Zip Code	Transaction ID: R1626726
	Grayslake	IL	60030-3515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		8.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		343.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Matthew Edelstein, CLU,ChFC			Date of Receipt
	Mailing Address 1550 Penstemon Ct			08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1630367
	Grayslake	IL	60030-3515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Self-employed	Occupation Insurance		Credit Card
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 343.00	
S	UBTOTAL of Receipts This Page (optional)			76.00
т	OTAL This Period (last page this line number on	(v)		

SCHEDULE A (FEC Form 3)	()		FOR LINE NUMBER: PAGE 29 / 112
ITEMIZED RECEIPTS	-,	Use separate schedule(s) or each category of the	(check only one)
I EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports ar	nd Statements ma	u not be cold or used by any nore	n for the purpose of coliciting contributions
or for commercial purposes, other than using	the name and ad	dress of any political committee to	or for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Insurance a tee	and Financial A	dvisors Political Action Com	nmit-
Full Name (Last, First, Middle Initial) Mr. Donald A. Eichelberger			Date of Receipt
Mailing Address 3217 Highway D65			08 10 2006
City	State	Zip Code	Transaction ID: R1629902
<u>Dysart</u>	IA	52224-9750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.40
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For:		e Year-to-Date ▼	
Primary General		402.20	1
Other (specify) ▼	0 0	403.20	
Full Name (Last, First, Middle Initial) 3. Mr. M. Jay Einstein, CLU			Date of Receipt
Mailing Address 59 Margarete Dr.			M M / D D / Y Y Y Y
City	Ctoto	Zin Codo	08 10 2006
City Pittsgrove	State NJ	Zip Code 08318	Transaction ID: R1629332
		00310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		72.00 Payroll Deduction
Name of Employer Self-employed	Occupatio		Payroll Deduction
Receipt For:	Insuranc	e Year-to-Date ▼	\dashv
Primary General	Aggregate		7
Other (specify)		576.00	
Full Name (Last, First, Middle Initial) Mr. Anthony G. Engrassia, ChFC, LUTC	1		Date of Receipt
Mailing Address 2007 Singletree Lar	ne		08 11 2006
City	State	Zip Code	Transaction ID: R1630192
Rocky Mount	NC	27804	Amount of Each Receipt this Period
FEC ID number of contributing		1 1 1 1 1	275.00
federal political committee.	C		
Name of Employer Self-employed	Occupatio		Check
	Insuranc	<u> </u>	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
Other (specify) ▼		275.00	
CURTOTAL of Descirts This Desc / a live			397.40
SUBTOTAL of Receipts This Page (optional	ll)		
TOTAL This Period (last page this line num	ber only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 112 (check only one) X 11a
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Filtee	nancial A	dvisors Political Action Com	mit-
A .	Full Name (Last, First, Middle Initial) Mr. Ronald W. Erickson, CLU, AEP, Mailing Address 3002 St. Regis Rd City Greensboro FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	State NC C Occupation Insurance Aggregate		Date of Receipt M M
3.	Full Name (Last, First, Middle Initial) Mr. Byron Hyatt Erstad, Jr. Mailing Address 2510 S Nantucket Way	0 0	201.25	Date of Receipt
	City Boise FEC ID number of contributing federal political committee.	State ID	Zip Code 83706-5095	0 8 1 0 2 0 0 6 Transaction ID: R1629468 Amount of Each Receipt this Period 50.40
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
- .	Full Name (Last, First, Middle Initial) Mr. Stephen D. Estler, CLU, ChFC Mailing Address 2177 NE 63 St. City Fort Lauderdale FEC ID number of contributing federal political committee. Name of Employer Self-employed	State FL C		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)	Insurance Aggregate	e Agent e Year-to-Date ▼ 340.00	
s	UBTOTAL of Receipts This Page (optional)			134.15
Т	OTAL This Period (last page this line number on	v)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 112
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and I tee	Financial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. John Everett, LUTCF			Date of Receipt
	Mailing Address 531 Daniel			08 10 2006
	City	State	Zip Code	Transaction ID: R1628737
	Santa Maria	CA	93454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General		000.00	1
	Other (specify) ▼		336.00	
	Full Name (Last, First, Middle Initial)			
В.	Mr. Gerald E. Ferrier, LUTCF, CTP			Date of Receipt
	Mailing Address 4949 Samish Way			M M / D D / Y Y Y Y
	#5			08 10 2006
	City	State	Zip Code	Transaction ID: R1629772
	Bellingham	WA	98226-4812	Amount of Each Receipt this Period
	FEC ID number of contributing	С		12.50
	federal political committee.			Daywell Deduction
	Name of Employer Self-employed	Occupation	n	Payroll Deduction
		Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		287.50	
	Other (specify)	0 0	0 0 0 0 0 0 0	1
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Thomas F. Flournoy, Jr., CLU			Date of Receipt
	Mailing Address 2651 Stanislaus Circle			M M / D D / Y Y Y Y
				08 10 2006
	City	State	Zip Code	Transaction ID: R1629320
	Macon	GA	31204-2849	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	_
	Primary General	33 -5	1 1 1 1 1 1 1	7
	Other (specify) ▼		336.00	
		96.50		
L _s	UBTOTAL of Receipts This Page (optional)			
_	OTAL This Period (last page this line number o	nlv)	1	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 112
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	inancial Ad	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. H. Larry Fortenberry, CPA,CLU,Ch Mailing Address 603 Gordon PI City Madison FEC ID number of contributing federal political committee. Name of Employer Self-employed	State MS C Occupation Insurance		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼		y Year-to-Date ▼ 420.00	
3.	Full Name (Last, First, Middle Initial) Mr. Lawrence J. Fowler, Jr. Mailing Address 481 Route 82			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Oakdale	State CT	Zip Code 06370-1149	Transaction ID: R1629370 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		105.00 Payroll Deduction
	Name of Employer Self-employed Receipt For: Primary General Other (specify)	Occupation Insurance Aggregate		- Ayron Boadonon
Э.	Full Name (Last, First, Middle Initial) Mr. Thomas E. Fowler, CLU, LUTCF Mailing Address 13243 S.E. 51st Place			Date of Receipt 0 8 1 0 2 0 0 6
	City	State	Zip Code	Transaction ID: R1629142
	Bellevue FEC ID number of contributing federal political committee.	C	98006	Amount of Each Receipt this Period 107.50
	Name of Employer Self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
S	UBTOTAL of Receipts This Page (optional)			265.00
T	OTAL This Period (last page this line number on	ly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 112
TEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fitee	nancial A	dvisors Political Action Comr	nit-
۹.	Full Name (Last, First, Middle Initial) Ms. Debra L. Franklin-Schatzki			Date of Receipt
	Mailing Address 380 W 12th St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1629599
	New York	NY	10014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employed	Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	336.00	
3.	Full Name (Last, First, Middle Initial) Mr. Robert L. French, LUTCF			Date of Receipt
	Mailing Address 4105 Sheridan Lake Roa	08 10 7 2006		
	City	State	Zip Code	Transaction ID: R1629002
	Rapid City	SD	57702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General	Aggregate		
	Other (specify) ▼	0 0	240.00	
<u></u>	Full Name (Last, First, Middle Initial) Mr. Peter Fulchiron, CLU, LUTCF			Date of Receipt
	Mailing Address 411 San Andreas Drive			0 8 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1629973
	Novato	CA	94945-1237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	1
	Primary General Other (specify) ▼		1664.00	
S	UBTOTAL of Receipts This Page (optional)			280.00
_		,		
T	OTAL This Period (last page this line number onl	y)	>	

	CHEDULE A (FEC Form 3X)	Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a	nay not be sold or used by any personddress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) National Association of Insurance and Financial tee	Advisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. James M. Fuller, LUTCF Mailing Address 467 Richland Ave		Date of Receipt
	City State Athens OH	Zip Code 45701	Transaction ID: R1630243 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	40701	125.00
		nce Agent	Check
	Receipt For: Primary General Other (specify) ▼	ate Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Adger Lamar Gaines, LUTCF Mailing Address 106 Smith Circle		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Transaction ID: R1628455
	Belton SC	29627	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		10.00
		nce Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	ate Year-to-Date ▼ 255.00	
C.	Full Name (Last, First, Middle Initial) Mr. Jason M. Garman		Date of Receipt
	Mailing Address 1103 Bear Cub Ct.		08 10 2006
	City State Henderson NV	Zip Code 89012	Transaction ID: R1626706 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.40
	Name of Employer Self-employed Occupat Insurar	ion nce Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	ate Year-to-Date ▼ 403.20	
s	UBTOTAL of Receipts This Page (optional)		185.40
Н	OTAL This Period (last page this line number only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 112
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	w information copied from such Reports and State	omente may	y not be sold or used by any pers	
or	ly information copied from such Reports and State for commercial purposes, other than using the na	ame and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Fitee	nancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. James O. Geitgey, LUTCF, FIC			Date of Receipt
	Mailing Address 279 Glenmore Dr.			08 10 2006
	City	State	Zip Code	Transaction ID: R1629407
	Springfield	OH	45503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial)			Data of Bassist
В.	Mr. Gregory Gianakis Mailing Address 5315 S Conquistador St			Date of Receipt
	Maining Address 5515 5 Conquistador St			08 10 2006
	City	State	Zip Code	Transaction ID: R1626461
	<u>Las Vegas</u>	NV	89148	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.20
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
	Self-employed	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		261.60	1
	Other (specify) ▼			1
<u> </u>	Full Name (Last, First, Middle Initial)			Data of Pagaint
U.	Mr. Harold A. Gillet, LUTCF Mailing Address 2402 Garland			Date of Receipt
				08 10 2006
	City	State	Zip Code	Transaction ID: R1629079
	Missoula	MT	59803-1437	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		18.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date V	_
	Primary General			7
	Other (specify) ▼		204.00	1
				73.20
S	UBTOTAL of Receipts This Page (optional))	13.20
_	OTAL This Period (last page this line number on	lv)	1	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 112 (check only one) X
Ar or	y information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may e and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Ac	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Keith M. Gillies, CLU, ChFC, Mailing Address 109 W. Lakeview Dr. City La Place FEC ID number of contributing federal political committee. Name of Employer Self-employed It	State LA Coccupation nsurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Constance Y. Golleher Mailing Address PO Box 255			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Solf-employed	State VA C Occupation nsurance		Transaction ID: R1626756 Amount of Each Receipt this Period 30.00 Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
Э.	Full Name (Last, First, Middle Initial) Mr. James R. Goodrich, CLU, ChFC Mailing Address 1860 Beech City	State	Zip Code	Date of Receipt M M
	Mt. Pleasant	MI C	48858-1280	Amount of Each Receipt this Period 42.50
	Self-employed I	Occupation nsurance Aggregate		Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)			122.50
T	OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 37 / 112
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Todd G. Grantham			Date of Receipt
	Mailing Address 203 Brandermill Drive			08 10 7 2006
	City	State	Zip Code	Transaction ID: R1628142
	Durham	NC	27713	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		46.75
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify)		374.00	
3.	Full Name (Last, First, Middle Initial) Mr. Charles R. Grimes, CLU, ChFC			Date of Receipt
	Mailing Address 438 E Campbell Ave	08 / 07 / 2006		
	City	State	Zip Code	Transaction ID: R1630267
	Gilbert	AZ	85234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Self-employed	Occupation Insurance		Credit Card
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Kenneth P. Gross, II,CLU, Ch			Date of Receipt
	Mailing Address 8201 Sharonway Ct.			08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1630357
	Glen Allen	VA	23060	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self-employed	Occupation		Check
		Insurance		4
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify) ▼	0 0	300.00	
s	UBTOTAL of Receipts This Page (optional)			471.75
_			<u> </u>	
T	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fittee	nancial Ad	dvisors Political Action Com	mit-
A .	Full Name (Last, First, Middle Initial) Mr. Karl Erik Hansen, CLU, ChFC, Mailing Address 900 North Shoreline Boul City Mountain View FEC ID number of contributing federal political committee.	State CA C C C C C C C C C C C C C C C C C C		Date of Receipt M M D D Y Y Y Y Y Y Y Y
	Solf amployed 1	State FL C Occupation Insurance Aggregate		Transaction ID: R1629987 Amount of Each Receipt this Period 500.00 Credit Card
D.	Full Name (Last, First, Middle Initial) Ms. Sharon L. Hansen Mailing Address P. O. Box 2305 1224 Cleveland Street City Mt Vernon FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State WA C Occupation Insurance Aggregate		Date of Receipt M M
s	UBTOTAL of Receipts This Page (optional)			570.00
т	OTAL This Period (last page this line number only	v))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 112 (check only one) X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and I tee	inancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Alex Hanson, CLU, ChFC Mailing Address 7888 Glen Finnan Cir City Ft Myers FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State FL C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. William N. Haraway Mailing Address 2250 Bear Den Rd Unit 409 City Frederick FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State MD C Occupation Insurance Aggregate		Date of Receipt M M D D 2 0 0 6 Transaction ID: R1629885 Amount of Each Receipt this Period 42.00 Payroll Deduction
-	Full Name (Last, First, Middle Initial) Ms. Ann W. Hartmann, CLU, ChFC, Mailing Address 7174 Twin Canyon City Lambertville FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State MI C Occupation Insurance Aggregate		Date of Receipt M M M / 25 / 2006 Transaction ID: R1630443 Amount of Each Receipt this Period 250.00 Check
s	UBTOTAL of Receipts This Page (optional)		_	334.00
Т	OTAL This Period (last page this line number o	nlv))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Staten for commercial purposes, other than using the nam	ments may ne and ado	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Ad	dvisors Political Action Com	nit-
A.	Name of Employer Self-employed Receipt For: Primary Other (specify) ▼ Continue: Continue: General Other (specify) ▼	State NE C Decupation nsurance Aggregate		Date of Receipt M M J D D J Z D D 6 Transaction ID: R1629611 Amount of Each Receipt this Period 62.50 Payroll Deduction
3.	Name of Employer Self-employed II	State MO C Decupation nsurance Aggregate		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Name of Employer Self-employed	State NY C Description Descr		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		······	129.70
т	OTAL This Period (last page this line number only)))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 112
	ITEMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	w information conied from such Reports and State	mente may	y not be sold or used by any person	
or	ly information copied from such Reports and State for commercial purposes, other than using the na	me and add	lress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Firee	nancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Terry K. Headley, LUTCF, LIC			Date of Receipt
	Mailing Address 20704 Meadow Ridge Dr.			08 10 2006
	City	State	Zip Code	Transaction ID: R1628064
	Springfield	NE	68059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.00
	Self-employed 1	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		1664.00	
В.	Full Name (Last, First, Middle Initial)			Date of Passint
Ь.	Sharon G. Heierman, CAE Mailing Address 2990 Kemp Rd			Date of Receipt
	Z990 Kemp Nu	08 10 2006		
	City	State	Zip Code	Transaction ID: R1626678
	<u>Havana</u>	FL	32333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
	Self-employed 5	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		336.00	1
	Other (specify)	0 0		1
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Dennis L. Helgeson, CLU,ChFC,L			Date of Receipt
٠.	Mailing Address 2601 Bel Air Drive			M M / D D / Y Y Y Y
				08 10 2006
	City	State	Zip Code	Transaction ID: R1628312
	Minot	ND	58703-1749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.20
	Salt-amployed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General		001.00	1
	Other (specify) ▼		201.60	1
	IIPTOTAL of Descripts This Descriptional			275.20
\vdash^{s}	UBTOTAL of Receipts This Page (optional)			
_	OTAL This Period (last page this line number only	v)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 / 112
	EMIZED RECEIPTS	or each category of the		(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12
Δ.	winformation against from such Departs and St	otomonto moi	, not be eald ar used by any nore	13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-
A.				Date of Receipt
	Mailing Address 109 Barrington Court E	ast		08 10 2006
	City	State	Zip Code	Transaction ID: R1629560
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General		004.00	1
	Other (specify) ▼	0 0	294.00	
_	Full Name (Last, First, Middle Initial)			
В.	Mr. Michael B. Hendley			Date of Receipt
	Mailing Address 3939 Roswell Road			M M / D D / Y Y Y Y
	Ste. 240	Ctata	7in Oada	08 10 2006
	City Marietta	State GA	Zip Code 30062	Transaction ID: R1628134
		GA	30062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
				Payroll Deduction
	Name of Employer Self-employed	Occupation		. ay.o zodaono
	Receipt For:	Insurance	e Year-to-Date V	
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify) ▼		336.00	
_				
C.	Full Name (Last, First, Middle Initial) Mr. Bruce C. Hendrickson, CLU, ChFC			Date of Receipt
	Mailing Address 415 East Ave			M M / D D / Y Y Y
	P. O. Box 765		7.0.1	08 07 2006
	City	State NE	Zip Code	Transaction ID: R1630053
	Holdrege	INE	68949-0765	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	2	Check
	Self-employed	Insurance		
	Receipt For:		e Year-to-Date ▼	_
	Primary General	33 -3	1 1 1 1 1 1 1	1
	Other (specify) ▼	0 0	500.00	
_				
				584.00
L	UBTOTAL of Receipts This Page (optional)			
_	OTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	Check only one)			
Ar	ny information copied from such Reports and Statements may for commercial purposes, other than using the name and a	ay not be sold or used by any perso	n for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full) National Association of Insurance and Financial Attee	• •				
Α.	Full Name (Last, First, Middle Initial) Mr. Ronald G. Hester, CLU, ChFC Mailing Address 261 New River Heights Rd. City State Boone NC FEC ID number of contributing federal political committee. Name of Employer Self-employed Cupating Coccupating Self-employed	Zip Code 28607	Date of Receipt M M			
	insuran	ce Agent te Year-to-Date ▼ 374.00				
В.	Full Name (Last, First, Middle Initial) Mr. Richard L. Hill, CLU, ChFC, Mailing Address 2611 Alvo Road		Date of Receipt M M			
	City State Seward NE	Zip Code	Transaction ID: R1629893			
	FEC ID number of contributing federal political committee.	68434	Amount of Each Receipt this Period 42.00			
		on ce Agent te Year-to-Date ▼	Payroll Deduction			
C .	Full Name (Last, First, Middle Initial) Mr. Michael J. Hiller, ChFC Mailing Address W267 S7930 Stony Pt. Ct.		Date of Receipt M M M			
	City State	Zip Code	Transaction ID: R1628698			
	Mukwonago WI FEC ID number of contributing federal political committee. C	53149-9687	Amount of Each Receipt this Period 25.20			
		on ce Agent te Year-to-Date ▼	Payroll Deduction			
s	SUBTOTAL of Receipts This Page (optional)		113.95			
Т	TOTAL This Period (last page this line number only)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fittee	nancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Robert J. Hollander, LUTCF Mailing Address 904 Rockhurst Dr. City Lincoln FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State NE C Occupation Insurance Aggregate		Date of Receipt M M
3.	Salf-amployed	State NV C Occupation Insurance	e Agent Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) Mr. Darrel V. Hovde Mailing Address PO Box 1806 City Minot FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	State ND C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			190.20
T	OTAL This Period (last page this line number only	v)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 112 (check only one) X 11a 11b 11c 12 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	Financial A	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Ms. April L. Howard Mailing Address 3386 Williamsburg City Boise FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State ID C Occupation Insurance Aggregate		Date of Receipt M M J D D J 2006 Transaction ID: R1629084 Amount of Each Receipt this Period 57.00 Payroll Deduction
3.	Full Name (Last, First, Middle Initial) Mr. Peter K. Howard, LUTCF, ChFC Mailing Address 326 Rosemary Lane City Danville FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State VA C Occupation Insurance Aggregate		Date of Receipt M M
)	Full Name (Last, First, Middle Initial) Mr. William A. Hume, LUTCF Mailing Address 1075 Woodfield Lane City Libertyville FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State IL C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		_	102.00
т	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 46 / 112
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) A. Mr. James V. Hunt, Sr.			Date of Receipt
Mailing Address 716 Enquirer Ave			08 / 29 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1630576
<u>Nashville</u>	TN	37205-3724	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-employed	Occupation		Credit Card
Receipt For:		e Year-to-Date ▼	
Primary General			1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Mr. Albert T. Hurst, Jr.,FICF,C			Date of Receipt
Mailing Address 1422 Spring Street	08 10 7 2006		
City	State	Zip Code	Transaction ID: R1628315
Little Rock	AR	72202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.20
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	201.60	
Full Name (Last, First, Middle Initial) Mr. Hollis O. Inglett, Jr., LUTCF			Date of Receipt
Mailing Address 31 Cone Rd			08 10 2006
City	State	Zip Code	Transaction ID: R1629844
Ormond Beach	FL	32174-7903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer Self-employed	Occupation		Payroll Deduction
Receipt For:	1	e Year-to-Date ▼	-
Primary General	33 131/1		1
Other (specify) ▼	0 0	336.00	
SUBTOTAL of Receipts This Page (optional)			317.20
TOTAL This Period (last page this line number or	ıly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 47/112			
TEMIZED RECEIPTS			or each category of the	(check only one)			
• • •			Detailed Summary Page	X 11a 11b 11c 12 15 16 17			
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,				
\rangle	National Association of Insurance and Fitee	nancial A	dvisors Political Action Comr	nit-			
	Full Name (Last, First, Middle Initial) Mr. William V. Irons, CLU, LUTCF			Date of Receipt			
	Mailing Address 325 Newman Ave			08 / 10 / Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: R1629573			
	Rumford	RI	02916-1255	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.20			
	Name of Employer Self-employed	Occupation		Payroll Deduction			
	Receipt For:		Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	201.60				
3.	Full Name (Last, First, Middle Initial) Mr. Greg W. Jacobs			Date of Receipt			
	Mailing Address 1350 Grand Summitt Driv	08 10 7 2006					
	City	State	Zip Code	Transaction ID: R1626717			
	Reno	NV	89523	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.20			
	Name of Employer Self-employed	Occupation		Payroll Deduction			
		Insurance					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify) ▼	0 0	201.60				
).	Full Name (Last, First, Middle Initial) Mr. Earl H. Jarnigan, LUTCF,CLU			Date of Receipt			
	Mailing Address 631 Morrell Springs Rd.			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: R1630191			
	Newport	TN	37821-8855	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		300.00			
	Name of Employer Self-employed	Occupation Insurance		Check			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		440.00				
sı	SUBTOTAL of Receipts This Page (optional)						
			·				
T	OTAL This Period (last page this line number onl	y)	>				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 112
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
\rangle	National Association of Insurance and Fir tee	nancial Ad	dvisors Political Action Com	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Jerry E. Jensen, LUTCF			Date of Receipt
	Mailing Address 190 So. 800 W.			08 10 7 2006
	City	State	Zip Code	Transaction ID: R1628324
	Blackfoot	ID	83221-6132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.40
	Salf-amployed '	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	406.20	
3.	Full Name (Last, First, Middle Initial) Mr. John C. Johns, LUTCF			Date of Receipt
	Mailing Address 5141 Lilly Rd.	08 10 7 2006		
	City	State	Zip Code	Transaction ID: R1629067
	<u>Hazlehurst</u>	MS	39083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		205.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Terry M. Kaltenbach, CLU, ChFC			Date of Receipt
	Mailing Address 1358 Ahlrich Ave			08 10 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1629171
	Encintas	CA	92024-4029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Self-employed 1	Occupation		Payroll Deduction
		Insurance	-	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional))	205.40
	,		•	
T	OTAL This Period (last page this line number only	y)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F			
A.	Full Name (Last, First, Middle Initial) Mr. John B. Kearns, LUTCF Mailing Address 1802 First Ave City Scottsbluff FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State NE C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Michael C. Keenan, CLU, ChFC Mailing Address 2226 Hartzell Street City Evanston FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State IL C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Full Name (Last, First, Middle Initial) Mr. Michael L. Kerley, JD Mailing Address 2901 Telestar Court City Falls Church FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State VA C Occupation Insurance Aggregate		Date of Receipt M M M / 22 / 2006 Transaction ID: R1630371 Amount of Each Receipt this Period 52.25 Check
s	UBTOTAL of Receipts This Page (optional)			594.75
Т	OTAL This Period (last page this line number or	nlv)	>	

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 112 (check only one) X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finar tee			
A .	Falls Church FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Ag	ccupation surance		Date of Receipt M M M / 2 2 / 2 0 0 6 Transaction ID: R1630375 Amount of Each Receipt this Period 52.25 Check
	Primary General Other (specify) ▼		836.00	
3.	Springfield FEC ID number of contributing federal political committee. Name of Employer Self-employed Oct Institute	ccupation surance		Date of Receipt M M M
D.	Colorado Springs FEC ID number of contributing federal political committee. Name of Employer Self-employed Oct Institution	ccupation surance		Date of Receipt M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		>	312.25
Т	OTAL This Period (last page this line number only))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 112 (check only one) X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and Statemen for commercial purposes, other than using the name a	nts may and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finance	icial Ad	dvisors Political Action Com	nit-
A.	Fargo FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	cupation	Zip Code 58103 De Agent Year-to-Date ▼ 303.00	Date of Receipt M M M / 10 / 2006 Transaction ID: R1628544 Amount of Each Receipt this Period 51.00 Payroll Deduction
3.	Norfolk FEC ID number of contributing federal political committee. Name of Employer Self-employed Occ Inst	cupation	Zip Code 68701-3238 De Agent Year-to-Date ▼ 336.00	Date of Receipt M M
)	Providence RI FEC ID number of contributing federal political committee. C Name of Employer Self-employed Insu	cupation	Zip Code 02906-3069 De Agent Year-to-Date ▼ 403.20	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional))	143.40
Т	OTAL This Period (last page this line number only)		>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 / 112
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) A. Mr. Lance B. Kolbet, RHU,LUTCF			Date of Receipt
Mailing Address 4632 Mountain Park Rd.			08 10 2006
City	State	Zip Code	Transaction ID: R1629540
Pocatello	ID	83202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		126.00
Name of Employer Self-employed	Occupation		Payroll Deduction
	Insurance		_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		738.00	
Full Name (Last, First, Middle Initial) 3. Mr. David M. Koll, LUTCF, CLT			Date of Receipt
Mailing Address 1612 S. 152nd Street			08 10 2006
City	State	Zip Code	Transaction ID: R1628988
Omaha	NE	68144-5121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		105.00
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	750.00	
Full Name (Last, First, Middle Initial) 6. Mr. Richard A. Koob, CLU, ChFC,			Date of Receipt
Mailing Address 301 Frederick Street			08 10 2006
City	State	Zip Code	Transaction ID: R1629212
Waukesha	WI	53186-8116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.40
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
Receipt For:		e Year-to-Date ▼	-
Primary General	1.99.19		1
Other (specify) ▼	0 0	403.20	
SUBTOTAL of Receipts This Page (optional)			281.40
TOTAL This Period (last page this line number or	ılv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 53 / 112
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED HEOLII 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Statem	ents may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Fina tee	ncial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. David T. Koppa, CLU, LUTCF			Date of Receipt
	Mailing Address 1105 Via Bolzano			M " M / D " D / Y " Y " Y " Y
	City	Ctata	7in Code	08 10 2006
	•	State CA	Zip Code 93111	Transaction ID: R1628965 Amount of Each Receipt this Period
	EEO ID words on a formal distriction		30111	
	federal political committee.			42.50
	Name of Employer O	ccupation	1	Payroll Deduction
			e Agent	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		340.00	
		-	0 0 0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) Mr. Thomas R. Laster, RHU			Date of Receipt
	Mailing Address 1713 Elmhurst Ave			M M / D D / Y Y Y Y
	Oit.	01-1-	7in Onda	08 10 2006
	•	State OK	Zip Code 73120	Transaction ID: R1629841
		<u>OK</u>	73120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			50.40
	Name of Employer	oou notion	2	Payroll Deduction
	Self-employed 1	ccupatior Isurance	e Agent	
			Year-to-Date ▼	7
	Primary General	1 1	400.00	1
	Other (specify) ▼	0 0	403.20	
_	Full Name (Last, First, Middle Initial) Mr. Daniel L. Lawrence			Date of Receipt
C.	Mailing Address 5553 Peters Drive			M M / D D / Y Y Y Y
				08 10 2006
	,	State	Zip Code	Transaction ID: R1628320
		WI	53095	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			51.00
	Name of Employer	ccupation	1	Payroll Deduction
	Self-employed		e Agent	
			Year-to-Date ▼	
	Primary General	1 1	400.00	1
	Other (specify) ▼	0 0	408.00	
s	UBTOTAL of Receipts This Page (optional)			143.90
Т	OTAL This Period (last page this line number only)			
	()			

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 54/112
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting	ng contributions
or t	or commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from su	uch committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Insurance and F	inancial Ad	dvisors Political Action Com	mit-	
_	tee				
	Full Name (Last, First, Middle Initial)				
	Mr. Leslie W. Lee, CLU, ChFC			Date of Receipt	
	Mailing Address 7522 E Hampstead Ct.			M M / D D	
		<u> </u>		08 10	2006
	City	State	Zip Code	Transaction ID: R16	
	Middleton	WI	53562	Amount of Each Rec	eipt this Period
	FEC ID number of contributing	С			25.20
	federal political committee.				20.20
	Name of Employer	Occupation		Payroll Deduction	
	Name of Employer Self-employed	Insurance			
	Receipt For:		Year-to-Date ▼		
	Primary General	Aggregate	Teal to Bate ¥	-	
	Other (specify)	' '	201.60		
	Cursi (opeany) •	1 1		1	
	Full Name (Last, First, Middle Initial)				
	Mr. Lanny D. Levin, CLU, ChFC			Date of Receipt	
	Mailing Address 313 Laurel			M M / D D	/ Y
	oro Eduroi			08 10	2006
	Ott.	State	7'- 0-4-		200505
	City	State	Zip Code	I Transaction ID: R16	29595
	Highland Park	IL	2lp Code 60035-2619	Transaction ID: R16 Amount of Each Rec	
	Highland Park	IL	•	Amount of Each Rec	eipt this Period
	•	IL C	•		
	Highland Park FEC ID number of contributing federal political committee.	C	60035-2619	Amount of Each Rec	eipt this Period
	Highland Park FEC ID number of contributing federal political committee. Name of Employer	C Occupation	60035-2619		eipt this Period
	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed	C Occupation Insurance	60035-2619	Amount of Each Rec	eipt this Period
	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	C Occupation Insurance	60035-2619	Amount of Each Rec	eipt this Period
	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	C Occupation Insurance	60035-2619 Agent Year-to-Date	Amount of Each Rec	eipt this Period
	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	C Occupation Insurance	60035-2619	Amount of Each Rec	eipt this Period
	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	C Occupation Insurance	60035-2619 Agent Year-to-Date	Amount of Each Rec	eipt this Period
	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	C Occupation Insurance	60035-2619 Agent Year-to-Date	Amount of Each Reco	eipt this Period
D .	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Sidney Levine, CLU, AEP	C Occupation Insurance	60035-2619 Agent Year-to-Date	Amount of Each Recompany Payroll Deduction Date of Receipt	eipt this Period 42.00
D .	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	C Occupation Insurance	60035-2619 Agent Year-to-Date	Payroll Deduction Date of Receipt	eipt this Period 42.00
- .	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Sidney Levine, CLU, AEP Mailing Address 626 Riverside Dr	Occupation Insurance Aggregate	60035-2619 De Agent Year-to-Date ▼ 336.00	Payroll Deduction Date of Receipt M M / D D 0 8 1 1	eipt this Period 42.00
 C.	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Sidney Levine, CLU, AEP Mailing Address 626 Riverside Dr City	Occupation Insurance Aggregate	60035-2619 De Agent Year-to-Date ▼ 336.00 Zip Code	Payroll Deduction Date of Receipt M M / D D 0 8 1 1 Transaction ID: R16	42.00 42.00 2 0 0 6
C .	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Sidney Levine, CLU, AEP Mailing Address 626 Riverside Dr City Ormond Beach	Occupation Insurance Aggregate	60035-2619 De Agent Year-to-Date ▼ 336.00	Payroll Deduction Date of Receipt M M / D D 0 8 1 1	42.00 42.00 2 0 0 6
C .	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Sidney Levine, CLU, AEP Mailing Address 626 Riverside Dr City Ormond Beach FEC ID number of contributing	Occupation Insurance Aggregate State FL	60035-2619 De Agent Year-to-Date ▼ 336.00 Zip Code	Payroll Deduction Date of Receipt M M / D D 0 8 1 1 Transaction ID: R16	42.00 42.00 2 0 0 6
C .	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Sidney Levine, CLU, AEP Mailing Address 626 Riverside Dr City Ormond Beach	Occupation Insurance Aggregate	60035-2619 De Agent Year-to-Date ▼ 336.00 Zip Code	Date of Receipt M M / D D D D D D D D D D D D D D D D D	eipt this Period 42.00 42.00 2 0 0 6 630193 eipt this Period
C .	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Sidney Levine, CLU, AEP Mailing Address 626 Riverside Dr City Ormond Beach FEC ID number of contributing federal political committee. Name of Employer	Occupation Insurance Aggregate State FL	60035-2619 De Agent Year-to-Date Zip Code 32176	Payroll Deduction Date of Receipt M M / D D 0 8 1 1 Transaction ID: R16	eipt this Period 42.00 42.00 2 0 0 6 630193 eipt this Period
C .	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Sidney Levine, CLU, AEP Mailing Address 626 Riverside Dr City Ormond Beach FEC ID number of contributing federal political committee.	Occupation Insurance Aggregate State FL	60035-2619 De Agent E Year-to-Date ▼ 336.00 Zip Code 32176	Date of Receipt M M / D D D D D D D D D D D D D D D D D	eipt this Period 42.00 42.00 2 0 0 6 630193 eipt this Period
C .	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Sidney Levine, CLU, AEP Mailing Address 626 Riverside Dr City Ormond Beach FEC ID number of contributing federal political committee. Name of Employer	Occupation Insurance Aggregate State FL Occupation Insurance	60035-2619 De Agent E Year-to-Date ▼ 336.00 Zip Code 32176	Date of Receipt M M / D D D D D D D D D D D D D D D D D	eipt this Period 42.00 42.00 2 0 0 6 630193 eipt this Period
C .	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Sidney Levine, CLU, AEP Mailing Address 626 Riverside Dr City Ormond Beach FEC ID number of contributing federal political committee. Name of Employer Self-employed	Occupation Insurance Aggregate State FL Occupation Insurance	a Agent Year-to-Date ▼ 336.00 Zip Code 32176 Agent A Agent Year-to-Date ▼	Date of Receipt M M / D D D D D D D D D D D D D D D D D	eipt this Period 42.00 42.00 2 0 0 6 630193 eipt this Period
C .	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Sidney Levine, CLU, AEP Mailing Address 626 Riverside Dr City Ormond Beach FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	Occupation Insurance Aggregate State FL Occupation Insurance	60035-2619 Agent Year-to-Date ▼ 336.00 Zip Code 32176	Date of Receipt M M / D D D D D D D D D D D D D D D D D	eipt this Period 42.00 42.00 2 0 0 6 630193 eipt this Period
C .	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Sidney Levine, CLU, AEP Mailing Address 626 Riverside Dr City Ormond Beach FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	Occupation Insurance Aggregate State FL Occupation Insurance	a Agent Year-to-Date ▼ 336.00 Zip Code 32176 Agent A Agent Year-to-Date ▼	Date of Receipt M M / D D D D D D D D D D D D D D D D D	eipt this Period 42.00 42.00 2 0 0 6 630193 eipt this Period
C .	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Sidney Levine, CLU, AEP Mailing Address 626 Riverside Dr City Ormond Beach FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	Occupation Insurance Aggregate State FL Occupation Insurance	a Agent Year-to-Date ▼ 336.00 Zip Code 32176 Agent A Agent Year-to-Date ▼	Date of Receipt M M / D D D D D D D D D D D D D D D D D	eipt this Period 42.00 42.00 2 0 0 6 630193 eipt this Period 500.00
Э.	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Sidney Levine, CLU, AEP Mailing Address 626 Riverside Dr City Ormond Beach FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate State FL C Occupation Insurance Aggregate Aggregate	Agent Year-to-Date ▼ Zip Code 32176 Agent Year-to-Date ▼ 500.00	Payroll Deduction Date of Receipt M M / D D 0 8 1 1 Transaction ID: R16 Amount of Each Receipt Check	eipt this Period 42.00 42.00 2 0 0 6 630193 eipt this Period
Э.	Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Sidney Levine, CLU, AEP Mailing Address 626 Riverside Dr City Ormond Beach FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	Occupation Insurance Aggregate State FL C Occupation Insurance Aggregate Aggregate	Zip Code 32176 Agent Year-to-Date Zip Code 32176 Agent Year-to-Date The Agent Year-to-Date The Agent The Agent The Agent The Agent The Agent The Agent The Agent	Payroll Deduction Date of Receipt M M / D D 0 8 1 1 Transaction ID: R16 Amount of Each Receipt Check	eipt this Period 42.00 42.00 2 0 0 6 630193 eipt this Period 500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 112 (check only one) X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
	Full Name (Last, First, Middle Initial)			
	Mr. Stephen F. Libby, CLU,ChFC,R Mailing Address 2 Old Farm Circle			Date of Receipt
				08 15 2006
	City White Plains	State NY	Zip Code	Transaction ID: R1630233
	FEC ID number of contributing		10605	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation		Check
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General	Aggregate		1
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Mr. Bruce C. Lichtenberg, LUTCF			Date of Receipt
	Mailing Address 2265 Cypress Point			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: R1629867
	Discovery Bay	CA	94514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00 Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		- Payron Deduction
	Receipt For:	1	e Year-to-Date V	+
	Primary General Other (specify) ▼		336.00	
 ጋ.	Full Name (Last, First, Middle Initial) Mr. Lawrence E. Lounds			Date of Receipt
	Mailing Address 2477 Valley Oaks Circle)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1629931
	Flint	MI	48532	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		105.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General Other (specify) ▼	Aggregate	840.00	
		<u> </u>		
SI	UBTOTAL of Receipts This Page (optional)			397.00
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 112
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
An	ny information copied from such Reports and State for commercial purposes, other than using the na	tements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F tee		•	
۹.	Full Name (Last, First, Middle Initial) Mrs. Patricia S. Lucas, CLU,CLTC,L Mailing Address 8375 Starlight Lane City	State	Zip Code	Date of Receipt M M
	Boones Mill	VA	24065-1909	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2.000 1000	42.00
	Name of Employer Self-employed Receipt For: Primary General	Occupation Insurance Aggregate	e Agent e Year-to-Date ▼	Payroll Deduction
	Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. William J. Lynch, LUTCF	0 0	336.00	Date of Receipt
	Mailing Address 5075 SW Griffith Dr. #20	00		0 8 1 0 1 0 2 0 0 6
	City	State	Zip Code	Transaction ID: R1629660
	Beaverton	OR	97005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		37.50 Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance	e Agent	rayion Deduction
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 287.50	
).	Full Name (Last, First, Middle Initial) Mr. Robert T. MacDonald			Date of Receipt
	Mailing Address 1931 N 73rd St.			08 10 7 2006
	City	State	Zip Code	Transaction ID: R1628923
	Wauwatosa	WI	53213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		27.00 Payroll Deduction
	Name of Employer Self-employed	Occupation	e Agent	- ayron beduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 216.00	
s	UBTOTAL of Receipts This Page (optional)		·····	106.50
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 57 / 112
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
	· · · · · · · · · · · · · · · · · · ·			13 14 15 16 17
or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ments may ne and add	r not be sold or used by any personal fress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	National Association of Insurance and Fir tee	nancial Ac	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Glenford B. Malcolm, Sr.			Date of Receipt
	Mailing Address P. O. Box 822315			08 10 2006
	City	State	Zip Code	Transaction ID: R1629943
	South Florida	FL	33082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	-
	Primary General	, iggi ogalo		1
	Other (specify) ▼		336.00	
В.	Full Name (Last, First, Middle Initial) Mr. Joseph J. Maltese, CFP			Date of Receipt
	Mailing Address 4176 Arikakee Court			M M / D D / Y Y Y Y
				08 10 2006
	City	State	Zip Code	Transaction ID: R1628485
	Jacksonville	FL	32223	Amount of Each Receipt this Period
	FEC ID number of contributing	С		42.00
	federal political committee.			D
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
		Insurance	-	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	336.00] [
	Other (specify)	0 0		1
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Leonard Martin, CSA			Date of Receipt
	Mailing Address 98 Tennyson Rd			M M / D D / Y Y Y Y
				08 10 2006
	City	State	Zip Code	Transaction ID: R1628915
	Warwick	RI	02888	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.40
	Self-employed -	Occupation		Payroll Deduction
	Receipt For:	Insurance	Year-to-Date ▼	\dashv
	Primary General	riggregate	Tour to Bate V	1
	Other (specify) ▼		403.20	
				4
				10110
s	UBTOTAL of Receipts This Page (optional)			134.40
Г				
ΙT	OTAL This Period (last page this line number only	/)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 112
	EMIZED RECEIPTS		or each category of the	(check only one)
••	EMIZED REGEII 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δ	ay information copied from such Reports and Sta	tomonte may	y not be sold or used by any pers	
or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Roosevelt Maske, LUTCF			Date of Receipt
	Mailing Address 5515 Fairvista Drive			08 10 2006
	City	State	Zip Code	Transaction ID: R1629005
	Charlotte	NC	28269-0633	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		33.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General		224.50	1
	Other (specify)	0 0	324.50]
В.	Full Name (Last, First, Middle Initial) Mr. Darren Scott Mason, CLU, ChFC			Date of Descipt
Ь.	Mailing Address 178 Shorecliff Rd			Date of Receipt
				08 10 2006
	City	State	Zip Code	Transaction ID: R1629410
	Corona Del Mar	CA	92625-2648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.66
				Payroll Deduction
	Name of Employer Self-employed	Occupation		Payron Deduction
		Insurance		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	7
	Other (specify)		333.28	
				4
C.	Full Name (Last, First, Middle Initial) Mr. Carl James Maus, LUTCF			Date of Receipt
٠.	Mailing Address 432 Fort Saratoga			M M / D D / Y Y Y Y
				08 10 2006
	City	State	Zip Code	Transaction ID: R1629900
	Saint Charles	MO	63303-1766	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.40
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	\dashv
	Primary General	7.99.094.0		7
	Other (specify) ▼		403.20	
s	UBTOTAL of Receipts This Page (optional)			125.06
			•	-
T	OTAL This Period (last page this line number or	ılv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 59 / 112 (check only one)
	EINIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F			
<u>′</u>	Full Name (Last, First, Middle Initial)			
۹.	Mr. James L. McConathy, Jr. Mailing Address 706 Trenton St., Apt. 6			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1628193
	West Monroe	LA	71291	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	7
	Primary General Other (specify) ▼		344.00	
3.	Full Name (Last, First, Middle Initial) Mr. Clyde P. McFadden, LUTCF			Date of Receipt
	Mailing Address 3401 West End Ave. Ste. 650 W			08 10 7 2006
	City	State	Zip Code	Transaction ID: R1628085
	Nashville	TN	37203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00 Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		1 dyron beddenon
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		336.00	
D.	Full Name (Last, First, Middle Initial) Mr. Patrick J. McNamara, MSFS			Date of Receipt
	Mailing Address P O Box 1227			08 31 2006
	City	State	Zip Code	Transaction ID: R1630606
	Ann Arbor	MI	48104-1227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00 Check
	Name of Employer Self-employed	Occupation Insurance		Official
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
SI	UBTOTAL of Receipts This Page (optional)			592.00
т	OTAL This Period (last page this line number or	nlv)	·	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 112
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
•	information and the second December 1991		and be related as a set the second second	13 14 15 16 17
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	r not be sold or used by any personal distribution of any political committee to	on for the purpose of soliciting contributions as solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Fitee	nancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Ms. Juli Y. McNeely, LUTCF,CFP			Date of Receipt
	Mailing Address S764 Hanson Road			08 10 2006
	City	State	Zip Code	Transaction ID: R1628808
	Spencer	WI	54479	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	240.00	
_	Full Name (Last, First, Middle Initial)			5. 75 1.
В.	Mr. John K. McQuade, CLU, ChFC,			Date of Receipt
	Mailing Address 527 W Wilshire Drive			08 07 2006
	City	State	Zip Code	Transaction ID: R1630086
	Phoenix	AZ	85003-1028	Amount of Each Receipt this Period
	FEC ID number of contributing	С		600.00
	federal political committee.			
	Name of Employer Self-employed	Occupation	1	Check
	Self-employed	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	600.00	
	Other (specify) ▼	0 0		
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Michael J. Menendez			Date of Receipt
	Mailing Address 404 Mendocino Ave Ste 2	200		M M / D D / Y Y Y Y
	-			08 22 2006
	City	State	Zip Code	Transaction ID: R1630488
	Santa Rosa	CA	95401-6377	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-employed	Occupation		Credit Card
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	\dashv
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify) ▼		500.00	
Г				
s	UBTOTAL of Receipts This Page (optional)			1130.00
Т	OTAL This Period (last page this line number onl	v)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 61 / 112 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
An or	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial Ad	dvisors Political Action Com	mit-		
۹.	Full Name (Last, First, Middle Initial) Mr. Dennis R. Merideth, CLU, ChFC Mailing Address 6210 N. Camino Pimeria	Λlta		Date of Receipt		
	City	State	Zip Code	0 8 1 0 2 0 0 6 Transaction ID: R1629137		
	Tucson	AZ	85718	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		66.00		
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 528.00			
3.	Full Name (Last, First, Middle Initial) Mr. David A. Middaugh, CLU, AEP			Date of Receipt		
	Mailing Address 3273 Evergreen Road	08 10 7 2006				
	City	State	Zip Code	Transaction ID: R1629898		
	Fargo FEC ID number of contributing federal political committee.	C	58102-1214	Amount of Each Receipt this Period 126.00		
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 846.00			
) .	Full Name (Last, First, Middle Initial) Ms. Carolyn S. Miller, LUTCF			Date of Receipt		
	Mailing Address 2469 W. Rosebush Rd			08 / 00 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
	City Weidman	State MI	Zip Code 48893-9791	Transaction ID: R1628731 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		21.00		
	Name of Employer Self-employed	Occupation Insurance	e Agent	Payroll Deduction		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 218.00			
SI	SUBTOTAL of Receipts This Page (optional)					
T	OTAL This Period (last page this line number or	ıly))			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 / 112			
	EMIZED RECEIPTS		or each category of the	(check only one)			
• • • • • • • • • • • • • • • • • • • •	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
Ar or	ly information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
	National Association of Insurance and F	Financial Ad	dvisors Political Action Com	mit-			
Α.	Full Name (Last, First, Middle Initial) Mr. Dennis L. Miller, LUTCF, CLU			Date of Receipt			
	Mailing Address 649 State Road P.O. Box 186			08 / 10 / 2006			
	City	State	Zip Code	Transaction ID: R1628577			
	Vassar	MI	48768	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		42.50			
	Name of Employer Self-employed	Occupation	1	Payroll Deduction			
	Sell-employed	Insurance					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General	' '	340.00				
	Other (specify)	0 0					
В.	Full Name (Last, First, Middle Initial) Mr. James E. Mitchell, LUTCF, CTP			Date of Receipt			
	Mailing Address 2209 Ontario			M M / D D / Y Y Y Y			
	City	State	Zip Code	08 10 2006			
	City Bellingham	WA	98226	Transaction ID: R1627655			
	•	WA	90220	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		60.00			
				Payroll Deduction			
	Name of Employer Self-employed	Occupation					
		Insurance	e Agent • Year-to-Date ▼	_			
	Receipt For: Primary General	Aggregate	rear-to-Date V	1			
	Other (specify) ▼		480.00				
				4			
C.	Full Name (Last, First, Middle Initial) Mr. Martin Montefel, CLU			Date of Receipt			
	Mailing Address 16932 SW 5th Way			08 10 2006			
	City	State	Zip Code	Transaction ID: R1629535			
	Weston	FL	33326-1564	Amount of Each Receipt this Period			
	FEC ID number of contributing	<u> </u>		50.00			
	rec ib number of contributing federal political committee. Name of Employer Self-employed Insu Receipt For: Aggr						
				Payroll Deduction			
			e Agent • Year-to-Date ▼	-			
	Primary General	riggrogato	Tour to Bate V	1			
	Other (specify)	1	400.00				
				1			
s	UBTOTAL of Receipts This Page (optional)		_	152.50			
\vdash							

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 112
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δ	ny information copied from such Reports and Stat	emente may	y not be sold or used by any person	
or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Fitee	inancial Ad	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. James W. Monteverde			Date of Receipt
	Mailing Address WaterWorks Road			08 / 000 / 4006
	City	State	Zip Code	Transaction ID: R1629961
	Sewickley	PA	15143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify) ▼		400.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 1125 Wyoming Avenue	08 10 2006		
	City	Transaction ID: R1627550		
	Reno	NV	89503-3342	Amount of Each Receipt this Period
	FEC ID number of contributing			60.00
	federal political committee.	C		60.00
	Name of Employer	Occupation	า	Payroll Deduction
	Name of Employer Self-employed	Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	400.00	1
	Other (specify) ▼	0 0	480.00	
C.	Full Name (Last, First, Middle Initial) Mr. Raymond H. Moran, CLU, ChFC			Date of Receipt
C.	Mailing Address 5463 Irvin Park Cove			M M / D D / Y Y Y Y
	Walling Address 5465 IIVIII Falk Cove			08 10 2006
	City	State	Zip Code	Transaction ID: R1629724
	Memphis	TN	38119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	336.00	
	Outer (Specify) \		0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)			152.00
				_
т	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 112 (check only one) X 11a 11b 11c 12 15 16 17
Ar or	ly information copied from such Reports and Statement for commercial purposes, other than using the name ar	nts may	/ not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finance tee	cial A	dvisors Political Action Com	nit-
<u>′</u> А.	Full Name (Last, First, Middle Initial) Mr Joseph L Morton, III,JD Mailing Address 5487 N. Bach City Sta Meridian ID FEC ID number of contributing federal political committee. Name of Employer Self-employed Occu	cupation urance	Zip Code 83642 n e Agent e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1014 S. 54th St. City Sta Omaha NE FEC ID number of contributing federal political committee. Name of Employer Self-employed Occulinsu	cupation urance	Zip Code 68106 n e Agent e Year-to-Date ▼	Transaction ID: R1627640 Amount of Each Receipt this Period 28.00 Payroll Deduction
D.	Omaha FEC ID number of contributing federal political committee. Name of Employer Self-employed Occurrence Insurance	cupation urance	Zip Code 68144-2144 n e Agent e Year-to-Date ▼ 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		······	204.00
т	OTAL This Period (last page this line number only)		.	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Filtee	nancial A	dvisors Political Action Com	mit-
A .	Full Name (Last, First, Middle Initial) Mr. John F. Nichols, CLU,DIA Mailing Address 1331 W Norwood Avenue City Chicago FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State IL C Occupation Insurance		Date of Receipt M M
3.	Full Name (Last, First, Middle Initial) Ms. Shirley A. Nielsen, LUTCF, CLU Mailing Address 2817 Circle Drive City Grand Island FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State NE C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
) .	Full Name (Last, First, Middle Initial) Mr. Frank R. Nolimal, CLU, ChFC, Mailing Address 2017 Grafton Ave City Henderson FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State NV C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			152.00
T	OTAL This Period (last page this line number on	v)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 66 / 112
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
•	information and the second December and Object			13 14 15 16 17
or	y information copied from such Reports and State for commercial purposes, other than using the nam	ments may ne and add	rnot be sold or used by any persoless of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	National Association of Insurance and Fin tee	ancial Ac	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Brian E. O'Brien, CLU,ChFC,L			Date of Receipt
	Mailing Address 1651 Wolf Run Dr.			08 10 2006
	City	State	Zip Code	Transaction ID: R1627191
	Richfield	WI	53076	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			51.00
	Self-employed 1	Occupation Insurance		Payroll Deduction
			Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify)	0 0	408.00	
В.	Full Name (Last, First, Middle Initial) Mr. James W. Oglesby, LUTCF			Date of Receipt
	Mailing Address P. O. Box 7156			M M / D D / Y Y Y Y
	City.	Zin Codo	08 10 2006	
	City Asheville	State NC	Zip Code 28802-7156	Transaction ID: R1629735
		INC	20002-7100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		143.00
				Payroll Deduction
	Solf amployed	Occupation •		1 dyron Beddellon
		Insurance		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	-
	Other (specify)		1144.00	
		0 0	0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Ms. Rae Lee Olson			Date of Receipt
	Mailing Address 218 N El Monte Ave			08 10 2006
	City	State	Zip Code	Transaction ID: R1629875
	Los Altos	CA	94022-2354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer	Occupation		Payroll Deduction
	Self-employed	Occupation Insurance		
			Year-to-Date ▼	\dashv
	Primary General	33 -3		1
	Other (specify) ▼	1 1	340.00	
				236.50
S	UBTOTAL of Receipts This Page (optional))	230.30
_	OTAL This Period (last page this line number only	<i></i>		

SC	CHEDULE A (FEC Form 3X)		Harana and a shadala (a)	FOR LINE NUMBER: PAGE 67 / 112
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
111	EINIZED RECEIP 1 3		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ang or f	y information copied from such Reports and State or commercial purposes, other than using the nar	ments may ne and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fir tee	nancial Ac	dvisors Political Action Com	mit-
	Full Name (Last, First, Middle Initial) Mr. Mitchell W. Ostrove, CLU, ChFC			Date of Receipt
	Mailing Address 4 New King Street			08 10 7 2006
	City	State	Zip Code	Transaction ID: R1628992
	White Plains	NY	10604-1202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Self-employed '	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	-
	Primary General	, iggi ogalo		1
	Other (specify)		336.00	
	Full Name (Last, First, Middle Initial) Mr. Gary M. Owens, LUTCF			Date of Receipt
	Mailing Address PO Box 835	08 10 7 2006		
	City	State	Zip Code	Transaction ID: R1627608
	Sultan	WA	98294	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.50
	Solf amployed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		252.50	
_	Full Name (Last, First, Middle Initial) Mr. Roger L. Owens, LUTCF, RHU			Date of Receipt
	Mailing Address 51 Lance Ct			0 8 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1627551
	Elkton	MD	21921-7219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Self-employed 1	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	, iggi ogalo		1
	Other (specify) ▼	0 0	288.50	
SI	JBTOTAL of Receipts This Page (optional)			126.50
т	OTAL This Period (last page this line number only	<i>(</i>)		

SCHEDULE A (F ITEMIZED RECE	-	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from for commercial purpose	om such Reports and Statements es, other than using the name and	may not be sold or used by any personal address of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.				
NAME OF COMMITT National Association	,	al Advisors Political Action Com	mit-				
Full Name (Last, First, Mr. Aldous Kawailani Pa Mailing Address 22 City Honolulu FEC ID number of corfederal political commi	State HI Occup Insura	96813-1230	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Receipt For: Primary Other (specify)	General	400.00					
Full Name (Last, First, Mr. John Palladino, Jr., Mailing Address 146 City Saratoga FEC ID number of corfederal political commi	State CA CLU, C State CA	e Zip Code 95070	Date of Receipt M M D D D 2 0 0 6				
Name of Employer Self-employed Receipt For: Primary Other (specify)	Aggre General	ation ance Agent gate Year-to-Date ▼	Payroll Deduction				
Full Name (Last, First, Mr. Joseph S. Pantozzi, Mailing Address PC) City Las Vegas FEC ID number of corfederal political commi Name of Employer Self-employed Receipt For: Primary Other (specify)	CLU, ChFC Box 95063 State NV Intributing ttee. C Occup Insura Aggre General	89193	Date of Receipt M M D D 2 0 0 6				
SUBTOTAL of Receipts	SUBTOTAL of Receipts This Page (optional)						
TOTAL This Period (lass	t page this line number only)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee			
A .	Full Name (Last, First, Middle Initial) Mr. Barton C. Pasco, CLU, ChFC, Mailing Address 309 Running Cedar Lane City Richmond FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Debbie K. Paul, CLU, ChFC Mailing Address 4001 MacArthur Blvd Sui	to 200	455.00	Date of Receipt
	City Newport Beach FEC ID number of contributing federal political committee. Name of Employer Self-employed	State CA C Occupation Insurance		Transaction ID: R1629413 Amount of Each Receipt this Period 42.50 Payroll Deduction
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 340.00	
) .	Full Name (Last, First, Middle Initial) Mr. Gary H. Pendleton, CLU, ChFC Mailing Address 2601 Oberlin Rd City	State	Zip Code	Date of Receipt M M M
	Raleigh FEC ID number of contributing federal political committee.	NC C	27608-1319	Amount of Each Receipt this Period 45.83
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
S	UBTOTAL of Receipts This Page (optional)			138.33
т	OTAL This Period (last page this line number onl	v)	b	

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 70 / 112				
ıт	EMIZED RECEIPTS	or each category of the	(check only one)				
••	LIVIIZED REGEII 13	Detailed Summary Page	X 11a 11b 11c 12 15 16 17				
Ar	ny information copied from such Reports and Statements r	nay not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the name and	address of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)						
	National Association of Insurance and Financial tee	Advisors Political Action Com	mit-				
Α.	Full Name (Last, First, Middle Initial) Mr. Brian R. Phares, LIC		Date of Receipt				
	Mailing Address 1420 Hackberry Road		M " M / D " D / Y " Y " Y " Y				
	011	Z'a Oada	08 10 2006				
	City State North Platte NE	Zip Code	Transaction ID: R1629892				
		69101-6841	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		47.50				
	Name of Employer Occupa	tion	Payroll Deduction				
	Self-employed Insura	nce Agent					
		ate Year-to-Date ▼					
	Primary General	380.00					
	Other (specify) ▼		1				
В.	Full Name (Last, First, Middle Initial) Mr. A. Duer Pierce, Jr.		Date of Receipt				
	Mailing Address 5818 Kennett Pike		08 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City State	Zip Code	Transaction ID: R1627615				
	Wilmington DE	19807-1116	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		25.00				
	Name of Familians	±:	Payroll Deduction				
	Name of Employer Occupa Self-employed Insural	nce Agent					
		ate Year-to-Date ▼	-				
	Primary General						
	Other (specify) ▼	700.00					
_	Full Name (Last, First, Middle Initial)		B. (B.)				
C.	Mr. R. Jan Pinney, CLU, ChFC,		Date of Receipt				
	Mailing Address 5152 Ellington Court		08 10 2006				
	City State	Zip Code	Transaction ID: R1628999				
	Granite Bay CA	95746-7188	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		208.00				
	Name of Employer Occupa Self-employed Incurs		Payroll Deduction				
	Insura	nce Agent	_				
	Receipt For: Primary General Aggreg	ate Year-to-Date ▼	,				
	Other (specify)	1664.00					
s	UBTOTAL of Receipts This Page (optional)		280.50				
\vdash	, -9-(-1,						
T	TOTAL This Period (last page this line number only)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Ar or	y information copied from such Reports and Statement for commercial purposes, other than using the name ar	its may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Financ tee	cial A	dvisors Political Action Com	nit-			
A.	Full Name (Last, First, Middle Initial) Mr. Charles W. Potts, CLU, RHU, Mailing Address 12725 St. Andrews Ter City Sta Oklahoma City Ok FEC ID number of contributing federal political committee. Name of Employer Self-employed Insu Receipt For: Primary General Other (specify) Occupance Aggination Agginatio	upatio	Zip Code 73120-8807 n e Agent e Year-to-Date ▼ 240.00	Date of Receipt M M			
3.	Self-employed Insu	J upatio	Zip Code 07627-1213 n e Agent e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
C .	Self-employed Insu	upationurance	Zip Code 58103-2385 n e Agent e Year-to-Date ▼ 279.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
s	SUBTOTAL of Receipts This Page (optional)						
T	OTAL This Period (last page this line number only)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 72 / 112
	EMIZED RECEIPTS		or each category of the	(check only one)
TI EMIZED REGEN TO			Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
	Full Name (Last, First, Middle Initial)			
۹.	Mr. Edward F. Randolph			Date of Receipt
	Mailing Address 1515 Mill Bay Road			08 10 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1627106
	Kodiak	AK	99615-6233	Amount of Each Receipt this Period
			00010 0200	
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer	Occupation	n	Payroll Deduction
	Self-employed	Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	336.00	
	Other (specify)	1 1		
	Full Name (Last, First, Middle Initial) Mr. William V. Regan, III,CLU			Date of Receipt
٥.	Mailing Address 790 Broomfield Road			M M / D D / Y Y Y Y
	Walling Address 750 Bloomheid Road			08 15 2006
	City	State	Zip Code	Transaction ID: R1630211
	San Mateo	CA	94402	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			000.00
	Name of Employer Self-employed	Occupation	n	Check
	Self-employed 5	Insurance	e Agent	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	1 1	300.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Robert W. Rensing, LUTCF			Date of Receipt
	Mailing Address 2515 S. 105th Ave			M M / D D / Y Y Y Y
				08 10 2006
	City	State	Zip Code	Transaction ID: R1627679
	Omaha	NE	68124-1825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer	Occupation	n	Payroll Deduction
	Self-employed	Insurance	e Agent	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	336.00	
	Other (specify)	0 0		
	<u>_</u>			
s	UBTOTAL of Receipts This Page (optional)			584.00
T	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)		Library and a selection of the selection (s)	FOR LINE NUMBER: PAGE 73 / 112
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Christopher Rich			Date of Receipt
	Mailing Address 3 Spruce Tree Lane			08 15 7 2006
	City	State	Zip Code	Transaction ID: R1630220
	Wayland	MA	01778-1215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation		Check
	Receipt For:		e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. August P. Richter, IV,LUTCF,			Date of Receipt
	Mailing Address 401 Wild Oak Drive	08 10 7 2006		
	City	State	Zip Code	Transaction ID: R1627259
	Manitowoc	WI	54220-9054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.40
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	403.20	
	Full Name (Last, First, Middle Initial) Mr. Richard R. Rios, CLU, ChFC			Date of Receipt
٠.	Mailing Address 8720 El Chapul Way			M M / D D / Y Y Y Y
				08 10 2006
	City Fair Oaks	State CA	Zip Code 95628-5454	Transaction ID: R1627075 Amount of Each Receipt this Period
	FEC ID number of contributing		03020 0404	
	federal political committee.	C		50.00 Payroll Deduction
	Name of Employer Self-employed	Occupation		ayron beddollon
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	\dashv
	Primary General	Aggregate	r rear-to-date V	1
	Other (specify) ▼	0 0	400.00	
s	UBTOTAL of Receipts This Page (optional)			350.40
_	OTAL This Dadad floor are 2011 ft	-1. 1	<u> </u>	
- 10	OTAL This Period (last page this line number or	nıy)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Statement for commercial purposes, other than using the name ar	ts may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finance tee	cial A	dvisors Political Action Com	nit-
A .	Full Name (Last, First, Middle Initial) Mr. Robert M. Roach, CLU, ChFC Mailing Address 1287 Harrison Pond Drive City Sta New Albany OF FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	upation	e Agent e Year-to-Date ▼	Date of Receipt M M
3.	Full Name (Last, First, Middle Initial) Mr. Michael Rosenzweig, CLU, ChFC, Mailing Address 13 Augusta Lane	0	840.00	Date of Receipt
	City Sta Manhasset NY FEC ID number of contributing federal political committee.		Zip Code 11030-3909	0 8 0 2 2 0 0 6 Transaction ID: R1629993 Amount of Each Receipt this Period 250.00
	Self-employed Insu		e Agent e Year-to-Date ▼	Check
	Self-employed Insu	upation	Zip Code 22404 n e Agent e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			380.00
T	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 75 / 112
	EMIZED RECEIPTS		or each category of the	(check only one)
• •	LIMIZED RECEIL 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
۸۰	winformation against from auch Banarta and State	monto mo	ret he cold or wood by any norse	
or	y information copied from such Reports and State for commercial purposes, other than using the nar	me and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fire	nancial Ad	dvisors Political Action Com	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. D. David Russell			Date of Receipt
	Mailing Address 8461 Eagle Preserve Way	/		08 10 7 2006
	City	State	Zip Code	Transaction ID: R1627181
	Sarasota	FL	34241-9449	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Salf-amployed	Occupation Insurance		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	-
	Primary General Other (specify) ▼	99 79	400.00	
— 3.	Full Name (Last, First, Middle Initial) Mr. Daniel L. Rust, LUTCF			Date of Receipt
	Mailing Address 114 W. Arnold			0 8 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1629037
	Bozeman	MT	59715-6129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Self-employed 1	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		
	Other (specify) ▼		720.00	
о. С.	Full Name (Last, First, Middle Initial) Ms. Aviva E. Sapers, CLU, ChFC			Date of Receipt
	Mailing Address 115 Bellevue			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1630515
	Newton	MA	02458	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Salf-amployed	Occupation Insurance		Credit Card
	Receipt For:		Year-to-Date ▼	1
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			360.00
	,		•	
T	OTAL This Period (last page this line number only	/)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Itee	inancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Gregory B. Schaeffer Mailing Address 3627 - 22nd St. City Kenosha FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State WI C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Walter M. Schieffer, Jr., LUTCF Mailing Address 17501 John Wayne City Perry FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State OK C Occupation Insurance Aggregate		Date of Receipt M M J D D Z D O 6 Transaction ID: R1627576 Amount of Each Receipt this Period 25.20 Payroll Deduction
D.	Full Name (Last, First, Middle Initial) Mr. Daniel J. Scholz, CLU, ChFC Mailing Address 1510 So. 183 Circle City Omaha FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State NE C Occupation Insurance Aggregate		Date of Receipt M M
s	UBTOTAL of Receipts This Page (optional)		_	114.70
T	OTAL This Period (last page this line number o	nlv)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 77 / 112 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial Ad	dvisors Political Action Com	mit-
<u>′</u> ۵.	Full Name (Last, First, Middle Initial) Mr. Jerome J. Schwartz			Date of Receipt
	Mailing Address 4712 Fisher Island Drive	Chaha	7:- Oada	08 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Fisher Island	State FL	Zip Code 33109	Transaction ID: R1630549 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-employed	Occupation	e Agent	Check
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Mark B. Schwendeman			Date of Receipt
	Mailing Address 427 4th St	08 / 10 / Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1629940
	Marietta FEC ID number of contributing federal political committee.	ОН	45750-2004	Amount of Each Receipt this Period 30.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
) .	Full Name (Last, First, Middle Initial) Mr. Walter J. Scott, CLU			Date of Receipt
	Mailing Address 1022 WASHINGTON AV	E.		0 8 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City OSHKOSH	State WI	Zip Code 54901-5354	Transaction ID: R1629163 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.40
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 403.20	
SI	UBTOTAL of Receipts This Page (optional)			580.40
T	OTAL This Period (last page this line number on	ly))	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 78 / 112 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
An	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may	/ not be sold or used by any perso	n for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)	arrie ariu auc	diess of any political committee to	Solicit Contributions from Such Committee.
\rangle	National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Dale J. Seymour			Date of Receipt
	Mailing Address 2401 Wealdstone Rd.			08 / 10 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1629488
	Toledo	ОН	43617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		430.00	
3.	Full Name (Last, First, Middle Initial) Mr. Dale J. Seymour			Date of Receipt
	Mailing Address 2401 Wealdstone Rd.	08 15 2006		
	City	State	Zip Code	Transaction ID: R1630240
	Toledo	OH	43617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Self-employed	Occupation Insurance		Check
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	430.00	
).	Full Name (Last, First, Middle Initial) Mr. James A. Shalek, Jr., CLU, Ch			Date of Receipt
	Mailing Address 1706 Candleberry Lane			08 10 7 2006
	City	State	Zip Code	Transaction ID: R1627187
	Yorkville	IL	60560-5810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General Other (specify) ▼	Aggregate	450.00	
SI	UBTOTAL of Receipts This Page (optional)			385.00
т	OTAL This Period (last page this line number or	nly)	>	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 79 / 112 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
۸.	Full Name (Last, First, Middle Initial) Mr. Brian M. Sharkey, CLU, ChFC			Date of Receipt
	Mailing Address 20 Sleepy Hollow Dr	01-1-	7. 0.4.	08 / 04 / 2006
	City Nowtown Square	State PA	Zip Code	Transaction ID: R1630038
	Newtown Square FEC ID number of contributing federal political committee.	C	19073-3934	Amount of Each Receipt this Period 500.00
	Name of Employer Self-employed	Occupation		Check
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Troy J. Shreve, CLU			Date of Receipt
	Mailing Address 7100 S 45th Street	08 10 7 2006		
	City	State	Zip Code	Transaction ID: R1629349
	Lincoln	NE	68516-3016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00 Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		1 ayron Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		336.00	
	Full Name (Last, First, Middle Initial) Mr. James John Silbernagel, LUTCF			Date of Receipt
	Mailing Address W 2329 Capital Drive			08 10 7 9 9 9
	City	State	Zip Code	Transaction ID: R1627765
	Campbellsport	WI	53010-3010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00 Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		1 ayron beddenon
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 480.00	
SI	UBTOTAL of Receipts This Page (optional)			602.00
T	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form :	3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 80 / 112
ITEMIZED RECEIPTS	,	or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may	not be sold or used by any persol dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Insurance tee	e and Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) Mr. Joseph J. Simon, LUTCF Mailing Address 2509 HILLSIDE [)R		Date of Receipt
			08 10 2006
City GREENBAY	State WI	Zip Code 54302-4828	Transaction ID: R1627736 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0-100E -10E0	27.00
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 216.00	
Full Name (Last, First, Middle Initial) Mr. Ken Simons, CLU, ChFC,	<u> </u>		Date of Receipt
Mailing Address 808 Thoroughbre	d Lane		0 8 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1629259
<u>Artesia</u>	NM	88210-2232	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.10 Payroll Deduction
Name of Employer Self-employed	Occupation Insurance		- Fayron Deduction
Receipt For:		e Year-to-Date V	
Primary General Other (specify) ▼		400.80	
Full Name (Last, First, Middle Initial) Mr. Lee Slavutin, CLU, CPC			Date of Receipt
Mailing Address 321 W. 78th Stre	et		08 03 2006
City	State	Zip Code	Transaction ID: R1630020
Nwe York	NY	10024-6513	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00 Check
Name of Employer Self-employed	Occupation Insurance		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)		577.10
TOTAL This Period (last page this line no	umber only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Ad	dvisors Political Action Com	nit-
A .	Full Name (Last, First, Middle Initial) Mr. William R. Small, CLU Mailing Address P. O. Box 95 City Kennett Square FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) City Full Name (Last, First, Middle Initial) Mr. William R. Small, CLU Mailing Address P. O. Box 95 City	State PA Cccupatior nsurance Aggregate State PA		Date of Receipt M M M / D D / 2006 Transaction ID: R1630070 Amount of Each Receipt this Period 150.00 Check Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Self-employed Ir	Occupation nsurance Aggregate		150.00 Check
D.	Waukesha FEC ID number of contributing federal political committee. Name of Employer Self-employed Ir	State WI C Occupation nsurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional))	480.00
т	OTAL This Period (last page this line number only))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fintee	ancial Ad	dvisors Political Action Com	mit-
Α.	Name of Employer Self-employed	State CA C Description C Description		Date of Receipt M M D D 2 0 0 6 Transaction ID: R1629063 Amount of Each Receipt this Period 208.00 Payroll Deduction
3.	Self-employed 1	State MI C Decupation nsurance Aggregate		Date of Receipt M M J D D Z D O G Transaction ID: R1629081 Amount of Each Receipt this Period 105.00 Payroll Deduction
D.	Name of Employer Self-employed	State OH C Description Description Regregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		_	355.00
T	OTAL This Period (last page this line number only))	_	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 83 / 112
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	w information copied from such Reports and Statemer	nte may	not be sold or used by any pers	
or	y information copied from such Reports and Statemer for commercial purposes, other than using the name a	and addi	ress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Finance e	visors Political Action Com	mit-	
A.	Full Name (Last, First, Middle Initial) A. Mr. Jack Sobel, CLU, CPC			Date of Receipt
	Mailing Address 27 Lancia Drive			08 04 2006
	City St	tate	Zip Code	Transaction ID: R1630037
	East Norwich N	ΙΥ	11732-1113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Salf-amployed 1	cupation urance		Check
			Year-to-Date ▼	
	Primary General	1 1		7
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Sharon L. Sparling, CIC			Date of Receipt
	Mailing Address 1100 E. College Way	08 10 Y Y Y Y Y Y Y		
	City St	tate	Zip Code	Transaction ID: R1627813
	Mount Vernon W	/A	98273	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			42.00
	Solf amployed	cupation urance		Payroll Deduction
			Year-to-Date ▼	
	Primary General	1 1		7
	Other (specify) ▼	0 0	310.00	
C.	Full Name (Last, First, Middle Initial) Mr. Preston R. Speece, LUTCF			Date of Receipt
	Mailing Address 14620 Fowler Ave			08 10 2006
	City St	tate	Zip Code	Transaction ID: R1627155
	<u>Omaha</u> N	E	68116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			27.50
	Solt omployed	cupation urance		Payroll Deduction
			Year-to-Date ▼	
Primary General			000.00	1
	Other (specify) ▼		220.00	
s	UBTOTAL of Receipts This Page (optional)			319.50
	OTAL This Period (last page this line number only)			

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 84 / 112 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F tee	nancial A	dvisors Political Action Com	mit-
΄ Δ.	Full Name (Last, First, Middle Initial) Mr. Noel Courtney Spencer			Date of Receipt
	Mailing Address 3 Valerie Drive			0 8 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1627146
	Chester	NY	10918-1428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		104.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		563.50	
3.	Full Name (Last, First, Middle Initial) Mr. Walter C. Sprye, Jr., CLU, C			Date of Receipt
	Mailing Address 101 Stoney Brook Rd.	08 10 7 2006		
	City	State	Zip Code	Transaction ID: R1629696
	Rocky Mount	NC	27804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		46.20 Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		Fayron Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		369.60	
D.	Full Name (Last, First, Middle Initial) Mr. Lawrence Stack, CLU, ChFC			Date of Receipt
	Mailing Address 28411 Northwestern Hwy	/ Ste 1300		08 10 7 2006
	City	State	Zip Code	Transaction ID: R1629107
	Southfield	MI	48034-5543	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00 Payroll Deduction
	Name of Employer Self-employed	Occupation		Payron Deduction
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	-
	Primary General Other (specify) ▼	riggrogate	350.00	
SI	UBTOTAL of Receipts This Page (optional)			200.70
т	OTAL This Period (last page this line number on	ly))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 85 / 112
	EMIZED RECEIPTS	or each category of the	(check only one)
•••	LIVIIZED RECEIP 13	Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
or	y information copied from such Reports and Statements for commercial purposes, other than using the name and	may not be sold or used by any persol address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)		
	National Association of Insurance and Financia tee	al Advisors Political Action Com	nit-
A.	Full Name (Last, First, Middle Initial) Mr. Angelo T. Stath		Date of Receipt
	Mailing Address 7821 Massachusetts		08 10 2006
	City State	e Zip Code	Transaction ID: R1629936
	Merriville IN	46410-5531	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer Self-employed Occup	ation ance Agent	Payroll Deduction
		gate Year-to-Date ▼	-
	Primary General		1
	Other (specify) ▼	400.00	
В.	Full Name (Last, First, Middle Initial) Mr. John P. Steele, LUTCF		Date of Receipt
	Mailing Address 122 West Main	08 10 7 9 9 9	
	City State	e Zip Code	Transaction ID: R1627299
	Manhattan MT	59741	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer Occup Self-employed Insura	ation ance Agent	Payroll Deduction
		gate Year-to-Date ▼	
	Primary General	240.00	
	Other (specify) ▼	240.00	
C.	Full Name (Last, First, Middle Initial) Mr. Nicholas John Stosic		Date of Receipt
	Mailing Address 9820 Dixon Lane		08 10 7 2006
	City State	e Zip Code	Transaction ID: R1629654
	Reno NV	89511-9455	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		126.00
	Name of Employer Occup Self-employed Insura	ation ance Agent	Payroll Deduction
	· · · · · · · · · · · · · · · · · · ·	gate Year-to-Date ▼	7
	Primary General	1008.00	
	Other (specify)	1000.00	
s	UBTOTAL of Receipts This Page (optional)		206.00
	OTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 86 / 112	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIVIIZED MEGEN 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Statemen	ıts mav	not be sold or used by any perso	
or	for commercial purposes, other than using the name a	ind add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Finance tee	cial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. David L. Stratton, CLU, ChFC.			Date of Receipt
Λ.	Mailing Address 13115 Beach Cir.			M M / D D / Y Y Y Y
				08 10 2006
		ate	Zip Code	Transaction ID: R1629523
	Anchorage Ak	`	99515-3748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			105.00
	Name of Employer Occi	upatio	<u> </u>	Payroll Deduction
	Self-employed Insu	urance	e Agent	
		gregate	Year-to-Date ▼	
	Primary General		840.00	
	Other (specify)	0		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Steven M. Stratton, LUTCF,CSA			Date of Receipt
	Mailing Address 17131 Parkview Dr			08 10 2006
	City Sta	ate	Zip Code	Transaction ID: R1627533
	Morgan Hill CA	Α	95037-6606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			105.00
	Name of Employer Occi	upatio	1	Payroll Deduction
	Salt-amployed	urance	e Agent	
		gregate	Year-to-Date ▼	
	Primary General		840.00	
	Other (specify) ▼	0		
	Full Name (Last, First, Middle Initial) Mr. Arlen C. Stuber, LUTCF			Date of Receipt
Ο.	Mailing Address 3980 Lila Lane			M M / D D / Y Y Y Y
				08 10 2006
	•	ate	Zip Code	Transaction ID: R1627355
	Eau Claire W	1	54701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			27.00
	Self-employed	upatio		Payroll Deduction
	Insuranc		e Agent e Year-to-Date ▼	-
	Receipt For: Agg	gregate	rear-10-Date V	
	Other (specify)		216.00	
		0		'
	IIDTOTAL of December This Design (antique)			237.00
S	UBTOTAL of Receipts This Page (optional)			
Т	OTAL This Period (last page this line number only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Robert A. Styrkowicz, CLU, LUTCF Mailing Address 25 Monterey Drive City Vernon Hills FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State IL Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Stephen G. Summerlin, CFP Mailing Address 4014 N. W. 15th Street City	State	Zip Code	Date of Receipt M M
	Gainesville FEC ID number of contributing federal political committee.	FL	32605-1912	Amount of Each Receipt this Period 42.00
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
D .	Full Name (Last, First, Middle Initial) Mr. Dennis P. Sunderman, CSA Mailing Address 2325 Jeans Ct City	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	Signal Hill FEC ID number of contributing federal political committee.	CA	90755	Amount of Each Receipt this Period 105.00
	Name of Employer Self-employed Receipt For: Primary General Other (specify)	Occupation Insurance Aggregate		Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)			196.00
T	OTAL This Period (last page this line number on			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	inancial A	dvisors Political Action Com	mit-
A .	Full Name (Last, First, Middle Initial) Mr. Arthur Ivan Swanson, LUTCF Mailing Address 2270 E. 24TH PL City YUMA FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State AZ C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Elwood B. Syverson, LUTCF Mailing Address 509 Loomis Drive City Mauston FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State WI C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
) .	Full Name (Last, First, Middle Initial) Mr. Joseph A. Sztapka Mailing Address 3705 S. Judy Ave City Sioux Falls FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State SD C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			102.20
т	OTAL This Period (last page this line number on	lv)		

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 89 / 112
	-		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Jeffrey J. Taggart			Date of Receipt
	Mailing Address 1107 Cedar Ln. P.O. Box 2433			08 / 10 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1629618
	Cody	WY	82414-2433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		Year-to-Date V	_
	Primary General	7.99.094.0		1
	Other (specify) ▼		425.00	
3.	Full Name (Last, First, Middle Initial) Mr. Matthew S. Tassey			Date of Receipt
	Mailing Address 5 Reggio Ave.	08 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1629984
	Old Orchard Beach	ME	04064-2709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		72.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General		F70.00	1
	Other (specify) ▼	0 0	576.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Paul Terkeltaub, CLU, ChFC			Date of Receipt
	Mailing Address 4409 Moosewood Drive			08 24 2006
•	City	State	Zip Code	0 8 2 4 2 0 0 6 Transaction ID: R1630465
. •		State VA	Zip Code 23462-5720	08 24 2006
	City		•	Transaction ID: R1630465 Amount of Each Receipt this Period 300.00
	City Virginia Beach FEC ID number of contributing federal political committee. Name of Employer	VA	23462-5720	Transaction ID: R1630465 Amount of Each Receipt this Period
	City Virginia Beach FEC ID number of contributing federal political committee. Name of Employer Self-employed	VA C	23462-5720	Transaction ID: R1630465 Amount of Each Receipt this Period 300.00
	City Virginia Beach FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	C Occupation Insurance	23462-5720	Transaction ID: R1630465 Amount of Each Receipt this Period 300.00
	City Virginia Beach FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	C Occupation Insurance	23462-5720 1	Transaction ID: R1630465 Amount of Each Receipt this Period 300.00
	City Virginia Beach FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	C Occupation Insurance	23462-5720 n e Agent	Transaction ID: R1630465 Amount of Each Receipt this Period 300.00
SI	City Virginia Beach FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	C Occupation Insurance Aggregate	23462-5720 De Agent Year-to-Date ▼ 300.00	Transaction ID: R1630465 Amount of Each Receipt this Period 300.00 Check

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 90 / 112
	·	Use separate schedule(s) or each category of the		(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or		ame and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		Literatur Darbitan LA arta a Ocasi	
\angle	National Association of Insurance and F tee	Inanciai A	dvisors Political Action Comi	nit-
A.	Full Name (Last, First, Middle Initial) Mr. Brad Tison, CLU, ChFC,			Date of Receipt
	Mailing Address 3216 Southern Woods [Orive		08 10 2006
	City	State	Zip Code	Transaction ID: R1627078
	Des Moines	IA	50321	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		50.40
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	403.20	
		-	0 0 0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) Mr. Gregory T. Toscano, LUTCF			Date of Receipt
ъ.	Mailing Address 24 Snelling Ave			M M / D D / Y Y Y Y
	Z4 Offering Ave			08 18 2006
	City	State	Zip Code	Transaction ID: R1630286
	<u>Duluth</u>	MN	55812	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.	0		
	Name of Employer Self-employed	Occupation	1	Check
	Self-employed	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)			
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Robert W. Tull, CLU, ChFC			Date of Receipt
	Mailing Address 7815 Eagle Rock, N.E.			08 10 2006
	City	State	Zip Code	Transaction ID: R1627237
	Albuquerque	NM	87122	Amount of Each Receipt this Period
	FEC ID number of contributing	С		25.50
	federal political committee.			Payroll Deduction
	Name of Employer Self-employed	Occupation		Fayron Deduction
		Insurance	-	\dashv
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.]
	Other (specify)		204.00	
				1
Г				
s	UBTOTAL of Receipts This Page (optional)			325.90
\vdash	. 5 ,			

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 91 / 112	
	EMIZED RECEIPTS		or each category of the	(check only one)	
•	LIVIIZED HEOLII 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11	_
۸۰	v information against from auch Departs and State	amonto mo	, not be cold or used by any parce		_
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	frict be sold of used by any perso dress of any political committee to	solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				_
\rangle	National Association of Insurance and Fittee	nancial Ad	dvisors Political Action Comr	nit-	
۹.	Full Name (Last, First, Middle Initial) Mrs. Lynda D. Turner, LUTCF			Date of Receipt	
	Mailing Address 1070 South Bosque Loop)		08 10 YYYYY 2006	
	City	State	Zip Code	Transaction ID: R1629682	
	Bosque Farms	NM	87068-9063	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		36.00	
	Name of Employer Self-employed	Occupation	1	Payroll Deduction	
		Insurance			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	288.00		
	Carior (opcomy) 🔻				
3.	Full Name (Last, First, Middle Initial) Ms. Charmaine Uhrig, LUTCF			Date of Receipt	_
	Mailing Address RR 1 Box 273A			08 10 YYYY 2006	
	City	State	Zip Code	Transaction ID: R1627945	
	Minatare	NE	69356	Amount of Each Receipt this Period	_
	FEC ID number of contributing			42.50	l
	federal political committee.	C		42.50	L
	Name of Employer	Occupation	1	Payroll Deduction	
	Name of Employer Self-employed	Insurance			
	Receipt For:		Year-to-Date ▼		
	Primary General		222.50		
	Other (specify) ▼	0 0	322.50		
) .	Full Name (Last, First, Middle Initial) Mr. Howard Raymond Utz, LUTCF			Date of Receipt	
	Mailing Address PO Box 480			M M / D D / Y Y Y Y	
				08 10 2006	
	City	State	Zip Code	Transaction ID: R1629558	
	Mars	PA	16046	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		42.50	
	Name of Employer	Occupation	1	Payroll Deduction	
Self-employed		Insurance	e Agent		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	_ · · ·	340.00		
	Other (specify) ▼				
					1
S	UBTOTAL of Receipts This Page (optional)		·····	121.00	
T	OTAL This Period (last page this line number onl	y))	L	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 92 / 112
TEMIZED RECEIPTS		or each category of the	(check only one)
· · · · · · · · · · · · · · · · · · ·		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	e name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	d Financial A	duinara Dalitiaal Astian Com	
National Association of Insurance an tee	u Financiai A	ovisors Political Action Com	mit-
Full Name (Last, First, Middle Initial)			
Mr. Walter H. Van Buren, Jr.,CLU	<u> </u>		Date of Receipt
Mailing Address 1721 Paper Mill Road	1		08 02 2006
City	State	Zip Code	Transaction ID: R1630018
Meadowbrook	PA	19046-1018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
rederai politicai committee.			Credit Card
Name of Employer Self-employed	Occupatio		Orean Cara
Receipt For:	Insuranc	e Agent e Year-to-Date ▼	_
Primary General	Aggregate		1
Other (specify) ▼	0 0	375.00	
Full Name (Last, First, Middle Initial) 3. Mr. Walter H. Van Buren, Jr., CLU			Date of Receipt
Mailing Address 1721 Paper Mill Road	ł		M ' M / D ' D / Y ' Y ' Y ' Y
Oth.	Ctata	7in Oada	08 16 2006
City Meadowbrook	State PA	Zip Code 19046-1018	Transaction ID: R1630252
FEC ID number of contributing		19040-1010	Amount of Each Receipt this Period
federal political committee.	C		125.00
Name of Employer	Occupatio	n	Check
Name of Employer Self-employed	Insuranc		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		375.00	1
Other (specify)			1
Full Name (Last, First, Middle Initial)			
Mr. James H. Van Epps Mailing Address 510 Meadowland Cou	+		Date of Receipt
Mailing Address 510 Meadowiand Cot	AL L		08 31 2006
City	State	Zip Code	Transaction ID: R1630600
Roswell	<u>GA</u>	30075-2182	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
			Check
Name of Employer Self-employed	Occupatio		Oncor
Receipt For:	Insuranc Aggregate	e Agent e Year-to-Date ▼	
Primary General	33 3 3		1
Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional)			875.00
			-
TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 93 / 112
ITEMIZED RECEIPTS	or each category of the	(check only one)
TI EMIZED RESERVES	Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Statem	ents may not be sold or used by any perso	
or for commercial purposes, other than using the name	e and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
National Association of Insurance and Finatee	ncial Advisors Political Action Comr	mit-
Full Name (Last, First, Middle Initial) A. Mr. Michael P. Victorino		Date of Receipt
Mailing Address 840 Alua St., #103		M M / D D / Y Y Y Y
<u> </u>		08 10 2006
•	State Zip Code	Transaction ID: R1629864
	HI 96793	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		12.50
Name of Employer O	ccupation	Payroll Deduction
Self-employed In	surance Agent	
	ggregate Year-to-Date ▼	
Primary General	225.00	
Other (specify)		
Full Name (Last, First, Middle Initial) B. Mr. Richard D. Vonderlage, CSA, LUTCF		Date of Receipt
Mailing Address 15202 Sprague St		08 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: R1629385
<u>Omaha</u>	NE 68116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		42.00
Name of Employer O	ccupation	Payroll Deduction
	surance Agent	
	ggregate Year-to-Date ▼	
Primary General Other (specify) ▼	336.00	
Other (specify)		
Full Name (Last, First, Middle Initial) C. Mr. Charles A. Webb		Date of Receipt
Mailing Address 2516 Longview Ave.		M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City	State Zip Code	Transaction ID: R1626963
	VA 24014	Amount of Each Receipt this Period
FEC ID number of contributing		42.50
federal political committee.		
Name of Employer	ccupation	Payroll Deduction
	surance Agent	
	ggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	
Galler (opening) 🔻	0 0 0 0 0 0 0 0	'
		97.00
SUBTOTAL of Receipts This Page (optional)	······	97.00
TOTAL This Period (last page this line number only)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fittee	nancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. S. Mark Weeks, LUTCF, CLU Mailing Address 1389 South 500 East City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer Self-employed	State UT C Occupation Insurance		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 437.50	
3.	Full Name (Last, First, Middle Initial) Mr. Matthew C. Weider, CLU,ChFC Mailing Address 6855 Compton Heights C			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Clifton	State VA	Zip Code 20124	Transaction ID: R1626843 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20124	50.40
	Self-employed	Occupation Insurance Aggregate		Payroll Deduction
	Other (specify) ▼	0 0	403.20	
D .	Full Name (Last, First, Middle Initial) Mr. Daniel J. Wells, LUTCF Mailing Address 18830 Los Hermanos Ranch Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1627573
	Valley Center	CA	92082-6808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.00 Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 447.50	
s	UBTOTAL of Receipts This Page (optional)			145.40
т.	OTAL This Period (last page this line number only	v)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 95 / 112
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		,,	
\rangle	National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Marlin D. Wells, CLU, ChFC,			Date of Receipt
	Mailing Address 2201 N. Washington			08 / 00 / 4 2006
	City	State	Zip Code	Transaction ID: R1627364
	Roswell	NM	88201-3377	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		240.00	1
	Other (specify) ▼	0 0		
3.	Full Name (Last, First, Middle Initial) Mr. Lester E. Westgard, CLU			Date of Receipt
	Mailing Address 2714 26th Ave SW	08 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1627180
	Fargo	ND	58103-5006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General		420.00	1
	Other (specify) ▼	0 0		
Э.	Full Name (Last, First, Middle Initial) Mr. William T. Whitmore, Jr., LUTCF			Date of Receipt
	Mailing Address P. O. Box 4748			08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1629124
	Virginia Beach	VA	23454-0748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance	-	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		385.00	
_				132.50
S	UBTOTAL of Receipts This Page (optional)			102100
_	OTAL This Period (last page this line number or	alv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 112 (check only one)
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso tress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee			
Δ.	Full Name (Last, First, Middle Initial) Mr. Irv Wiese, CLU, ChFC, Mailing Address 318 Stamford Bridge Rd City Columbia FEC ID number of contributing federal political committee. Name of Employer Self-employed	State SC C Occupation Insurance		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 336.00	
3.	Full Name (Last, First, Middle Initial) Mr. Leroy L. Wilbers, Jr. Mailing Address 309 Deerfield PI City Jefferson City FEC ID number of contributing federal political committee. Name of Employer Self-employed	State MO C Occupation	e Agent	Date of Receipt M M
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1008.00	
	Full Name (Last, First, Middle Initial) Mr. Boyd Lee Williams Mailing Address 7023 W. Williamette Ave City Kennewick FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State WA C Occupation Insurance		Date of Receipt M M 2006 Transaction ID: R1627496 Amount of Each Receipt this Period 105.00 Payroll Deduction
SI	JBTOTAL of Receipts This Page (optional)		······•	273.00
T	OTAL This Period (last page this line number on	ly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Statem for commercial purposes, other than using the nam	ments may	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Cliff F. Wilson, CLU, ChFC, Mailing Address 1458 W. Bahia Court City Gilbert FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State AZ C Description Descr		Date of Receipt M M
3.	Name of Employer Self-employed Ir	State NM C Decupation nsurance Aggregate		Date of Receipt M M M
D.	Name of Employer Self-employed Ir	State WI C Description Descrip		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		_	241.20
T	OTAL This Period (last page this line number only)	١	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Statem for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ıncial Ad	dvisors Political Action Com	nit-
Α.	Colorado Springs FEC ID number of contributing federal political committee. Name of Employer Solf-employed	State CO Ccupatior		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		asurance aggregate	e Agent Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Benjamin Bunn Woodard, Jr. Mailing Address 109 Bristol Court			Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
	•	State NC	Zip Code 27803-1203	Transaction ID: R1627593 Amount of Each Receipt this Period
	EEC ID asserbase of contribution	C	1 1 1 1 1	46.75
	Self-employéd In	ccupation Isurance aggregate	e Agent Year-to-Date ▼	Payroll Deduction
	Other (specify) ▼		255.75	
).	Full Name (Last, First, Middle Initial) Mr. William G. Wunder, LUTCF Mailing Address 21110 Serene Way			Date of Receipt 0 8 1 7 2 0 0 6
	•	State	Zip Code	Transaction ID: R1630257
	FEO. ID assert as a Constitution	CA	95120-1217	Amount of Each Receipt this Period 250.00
	Self-employed In	ccupation surance	e Agent	Check
	Receipt For: Primary General Other (specify)	aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			546.75
T	OTAL This Period (last page this line number only)		•	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 99 / 112 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F			
<u>′ </u>	Full Name (Last, First, Middle Initial)			2(2)
۹.	Mr. Edward A. Zabielski, Jr. Mailing Address 104 Clay Ct.			Date of Receipt M M
	City	State	Zip Code	Transaction ID: R1629959
	Landenberg	PA	19350	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		105.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	840.00	
3.	Full Name (Last, First, Middle Initial) Mr. Richard E. Zacharoff, CLU, ChFC			Date of Receipt
	Mailing Address 36 North New York Ave.	08 / 30 / 4 4 4 4		
	City	State	Zip Code	Transaction ID: R1630586
	Huntington	NY	11743-2164	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00 Credit Card
	Name of Employer Self-employed	Occupation Insurance		Credit Gard
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Charles D. Zaleski, CLU, ChFC			Date of Receipt
	Mailing Address 28400 Ridgethorne Ct			08 10 7 2006
	City	State	Zip Code	Transaction ID: R1629221
	Rancho Palos Verde	CA	90275-3258	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00 Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		Fayron Deduction
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 336.00	
		1 0 0	0 0 0 0 0	1
S	UBTOTAL of Receipts This Page (optional)		·····	647.00
T	OTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 100 / 112
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee		•	
Full Name (Last, First, Middle Initial) Mr. Alan R. Zalewski, CLU, ChFC, Mailing Address 6908 North 27th Street City Tacoma FEC ID number of contributing federal political committee.	State WA	Zip Code 98407-1002	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		
Full Name (Last, First, Middle Initial) Mr. Theodore J. Zouzounis, CLU Mailing Address 820 Mariposa Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1629123
Lafayette FEC ID number of contributing federal political committee.	CA	94549	Amount of Each Receipt this Period 42.50
Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
Full Name (Last, First, Middle Initial) Mr. H. Keith de Noble, LUTCF, CLU Mailing Address 13200 W Markham Stree	et, Suite 1	05	Date of Receipt 0 8 1 0 2 0 0 6
City Little Rock	State AR	Zip Code 72211-3285	Transaction ID: R1629648 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	27.00
Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
SUBTOTAL of Receipts This Page (optional)			119.50
TOTAL This Period (last page this line number onl		•	27495.46

Image# 26930380658

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5(CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 101 / 112
T	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and State for commercial purposes, other than using the na			
\	NAME OF COMMITTEE (In Full)			
<i>/</i>	National Association of Insurance and Fitee	nancial Advisors Political Act	ion Commi	t-
	Full Name (Last, First, Middle Initial)			Transaction ID: D8959
١.	First Union Bank			Date of Disbursement
	Mailing Address One First Union Center			08
	City Charlotte	State Zip Code NC 28288-1164		Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Charges	Γ		922.06
	Candidate Name	C	Category/ Type	
	Office Sought: House Disbur	sement For:		
	Senate	Primary General		
	President	Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	922.06
TOTAL This Period (last page this line number only)	<u> </u>	922.06

	CHEDULE B (FECFORIII 3X)	Use seperate schedule(s)		NUMBER: PAGE 102 / 112	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	22 X 23 24 25 2	26 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam				
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	•			
۹.	Full Name (Last, First, Middle Initial) Ackerman for Congress			Transaction ID: D8868 Date of Disbursement 0 8 1 8 2 0 0 6	
	Mailing Address P O Box 650095			08 18 2006	
	City Fresh Meadows	State Zip Code NY 11365		Amount of Each Disbursement this Period	7
	Purpose of Disbursement Contr. Gary L. Ackerman (NY-5-D-US			1000.00	_
	Candidate Name Gary L. Ackerman		Category/ Type		
		ement For: 2006 Primary General Other (specify)		House)	
2	Full Name (Last, First, Middle Initial)			Transaction ID: D8878	_
٥.	Bass Victory Committee			Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address PO Box 3451			08 21 2006	
	City Concord	State Zip Code NH 03302		Amount of Each Disbursement this Period	7
	Purpose of Disbursement Contr. Charles F. Bass (NH-2-R-US House)			1000.00	_
	Candidate Name Charles F. Bass		Category/ Type		
		ement For: 2006 Primary General Other (specify)			
Э.	Full Name (Last, First, Middle Initial) Bob Corker for Senate, Inc.			Transaction ID: D8882 Date of Disbursement	
	Mailing Address PO Box 848			$ \begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{bmatrix} D & D & D \\ 2 & 3 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$	
	City Chatanooga	State Zip Code TN 37401		Amount of Each Disbursement this Period	_
	Purpose of Disbursement Contr. Robert P. Corker, Jr. (TN-R-US			5000.00	
	Candidate Name Robert P. Corker, Jr.		Category/ Type		
	9 🗎	ement For: 2006 Primary General Other (specify)		Senate-Primary debt retir- ement)	
s	UBTOTAL of Disbursements This Page (optional)			7000.00	1
	OTAL This Period (last page this line number only)				Ī
•	(.act page the mile named of ly)				_

SCHEDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	(check onl	NUMBER: PAGE 103			103 /	/ 112
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a		24	25 29	26 30b
Any Information copied from such Reports and Stater							
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any political co	ommittee to so	DIICIL CONTRIBUI	uons from su	CH COM	muee	
National Association of Insurance and Fin	ancial Advisors Political Ac	tion Comm	it-				
Full Name (Last, First, Middle Initial)			Transact	ion ID: D88	83		
Bob Corker for Senate, Inc.				isbursement		V	v .
Mailing Address PO Box 848			08	23	2	0 0 6	
City	State Zip Code		Amount o	of Each Disbu	ursemen	t this Pe	eriod
Chatanooga Purpose of Disbursement	TN 37401				5	5000.0	0
Contr. Robert P. Corker, Jr. (TN-R-US						-	
Candidate Name Robert P. Corker, Jr.		Category/ Type					
Office Sought: House Disburs X Senate President	ement For: 2006 Primary X General Other (specify)		Senate)				
State: TN District:	Other (specify)						
Full Name (Last, First, Middle Initial)			Transact	ion ID: D88	70		
Boyd For Congress				isbursement			_
Mailing Address PO Box 15703			0 8 0	21	Ž Ž	0 0 6	Y
City Tallahassee	State Zip Code FL 32317		Amount o	of Each Disbu			
Purpose of Disbursement Contr. Allen Boyd (FL-2-D-US House)			L		1	0.00	0
Candidate Name Allen Boyd		Category/ Type					
9 1	ement For: 2006 Primary General Other (specify)						
State: FL District: 02							
Full Name (Last, First, Middle Initial) Castle Campaign Fund				ion ID: D88 isbursement			
Mailing Address P.O Box 133			0 8 M	22	y y	0 ŏ 6	Y
City Wilmington	State Zip Code DE 19899		Amount o	of Each Disbu	ursemen	t this Pe	eriod
Purpose of Disbursement Contr. Michael N. Castle (DE-1-R-US		•	L.,			500.0	0
Candidate Name Michael N. Castle		Category/ Type					
	ement For: 2006 Primary General Other (specify)		House)				
SUBTOTAL of Disbursements This Page (optional)					6	500.0	0
					-		-
TOTAL This Period (last page this line number only							

		Use seperate schedule(s)		(check only		: NUMBER: PAGE 104			104 /	/ 112	
ΙT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27		22 X 28a	23 28b	24 28c	Н	25 29	26 30
	y Information copied from such Reports and Statem										5
or	for commercial purposes, other than using the name	e and address of any political	comr	nittee to	SOLICIT	contribu	tions tro	m sucn	comn	nittee	
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Advisors Political	Actio	n Comi	mit-						
	Full Name (Last, First, Middle Initial)				Т	ransact	ion ID:	D8855			
٩.	Forbes for Congress					ate of D					_
	Mailing Address PO Box 15100					0 ^M 8 ^M	[′] 1	^D /	ž	0 0̈ 6	<u> </u>
	,	State Zip Code			Α	mount o	of Each	Disburse	emen	t this P	eriod
	Chesapeake Purpose of Disbursement	VA 23328			- [1	000.0	0
	Contr. J. Randy Forbes (VA-4-R-US House)					-	-	-		000.0	
	Candidate Name J. Randy Forbes			tegory/ ype							
	Office Sought: X House Disburse Senate	ment For: 2006 Primary X General									
	President	Other (specify)									
	State: VA District: 04										
3.	Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy					ransact	-	D8867			
	- Herids of Garolyff McGartify					м м			ΥΥ	Υ	Υ
	Mailing Address 151 Linden Road				Į.	8 0		8 /	2	0 Ď 6	
	,	State Zip Code NY 11501			Α	mount o	of Each	Disburse	emen	t this P	eriod
	Purpose of Disbursement	11001	_		+ $ $				2	2000.0	0
	Contr. Carolyn McCarthy (NY-4-D-US		L		"						
	Candidate Name Carolyn McCarthy			tegory/ ype							
		ment For: 2006 Primary General			Н	ouse)					
	President	Other (specify)									
	State: NY District: 04										
2.	Full Name (Last, First, Middle Initial)						-	D8879			
•	Friends of Jim Inhofe				_ [Date of D)ISDUrse	ement	ΥΥ	Υ	Υ
	Mailing Address P. O. Box 13300				L	8 0	2	1	2	0 Ď 6	
		State Zip Code OK 73113-1300			Α	mount o	of Each	Disburs			
	Purpose of Disbursement Contr. James M. Inhofe (OK-R-US Senate)				_ L				2	2000.0	0
	Candidate Name James M. Inhofe			tegory/ ype							
	· -	ment For: 2008									
		Primary General									
	President State: OK District:	Other (specify)									
s	UBTOTAL of Disbursements This Page (optional) .			▶		• •		•	5	0.000	0
	• • • • • • • • • • • • • • • • • • • •				ï				=		
T	OTAL This Period (last page this line number only)			🕨	. [

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)				PAGE 105 / 112
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	, 	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b
	y Information copied from such Reports and S for commercial purposes, other than using the					
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) National Association of Insurance and tee					Sacri Sommittee
	Full Name (Last, First, Middle Initial)				Transaction ID: D	8862
۹.	Friends of Jim Saxton				Date of Disbursem	
	Mailing Address PO Box 795				08 / 016	Ž O O G
	City Mount Holly	State Zip Code NJ 08060			Amount of Each Di	isbursement this Period
	Purpose of Disbursement Contr. James Saxton (NJ-3-R-US House)					1000.00
	Candidate Name James Saxton			tegory/ Гуре		
	Senate President	bursement For: 2006 Primary X General Other (specify)				
	State: NJ District: 03					
3.	Full Name (Last, First, Middle Initial) Friends of John Barrow				Transaction ID: D Date of Disbursem	ent
	Mailing Address 2141 B West Broad	St			08 / 14	2 0 0 6 Y
	City Athens	State Zip Code GA 30606			Amount of Each Di	isbursement this Period
	Purpose of Disbursement Contr. John Barrow (GA-12-D-US House)					1000.00
	Candidate Name John Barrow		ı	tegory/ Гуре		
	Office Sought: X House Senate President State: GA District: 12	bursement For: 2006 Primary X General Other (specify)				
Э.	Full Name (Last, First, Middle Initial) Friends of Senator Rockefeller				Transaction ID: D Date of Disbursem	
	Mailing Address PO Box 1909				08 / 01	2006
	City Charleston	State Zip Code WV 25327			Amount of Each Di	isbursement this Period
	Purpose of Disbursement Contr. John D. Rockefeller, IV (WV-D-US					1500.00
	Candidate Name John D. Rockefeller, IV			tegory/ Type		
	Office Sought: House Dis X Senate President State: WV District:	sbursement For: 2008 X Primary General Other (specify)			Senate)	
s	UBTOTAL of Disbursements This Page (opti	onal)		▶		3500.00
T	OTAL This Period (last page this line number	only)				

SCHEDOLE B (I LCI C	Use seperate schedu	ie(s) (check or	NUMBER: PAGE 106/112 vone)			
TEMIZED DISBURSEI	for each category of t Detailed Summary Pa	ne l 🗀	22 X 23 28a 28b	24 25 26 28c 29 30b		
	eports and Statements may not be sold or					
· · · · · · · · · · · · · · · · · · ·	an using the name and address of any po	itical committee to s	colicit contributions from	i such committee		
NAME OF COMMITTEE (In Fu National Association of Ins tee	ı) urance and Financial Advisors Politi	cal Action Comm	nit-			
Full Name (Last, First, Middle In	itial)		Transaction ID: D	8866		
Jeb Bradley for Congress			Date of Disbursem			
Mailing Address 645 Sout	n Main Street		08 / 18	y žoš6		
City	State Zip Code		Amount of Each Di	isbursement this Period		
Wolfeboro Purpose of Disbursement	NH 03894	<u> </u>		1000.00		
Contr. Jeb Bradley (NH-1-R-US	House)					
Candidate Name Jeb Bradley		Category/ Type				
Office Sought: X House Senate Presiden State: NH District: 01	Disbursement For: 2006 X Primary General Gen	eral				
Full Name (Last, First, Middle In				0004		
Jeff Fortenberry for US Cor			Transaction ID: D Date of Disbursem			
Mailing Address 6415 Rail	nier Drive		08 / D D	2006		
City Lincoln	State Zip Code NE 68510		Amount of Each Di	isbursement this Period		
Purpose of Disbursement Contr. Jeffrey Fortenberry (NE-	-R-US			2000.00		
Candidate Name Jeffrey Fortenberry		Category/ Type				
Office Sought: X House Senate Presiden State: NE District: 01	Disbursement For: 2006 Primary X Generation Other (specify) ▼	eral	House)			
Full Name (Last, First, Middle In	I itial)		Transaction ID: D	9851		
Jerry Weller for Congress I	nc.		Date of Disbursem			
Mailing Address P.O. Box	15283		08 / 01			
City Washington	State Zip Code DC 20003		Amount of Each Di	isbursement this Period		
Purpose of Disbursement Contr. Gerald C. Weller (IL-11-F				2500.00		
Candidate Name Gerald C. Weller		Category/ Type				
Office Sought: X House Senate Presiden State: IL District: 11	Disbursement For: 2006 Primary X General Other (specify)		House)			
SUBTOTAL of Disbursements Th	s Page (optional)	>		5500.00		
IUIAL This Period (last page this	line number only)					

SCHEDULE B (FECFOIIII 3X)	Use seperate schedule(s)	FOR LINE		PAGE 107/112
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 24 28a 28b 28	
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	· · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial) 4. Kennedy for Senate 2006			Transaction ID: D8872 Date of Disbursement	
Mailing Address 426 C Street Northeast -	Rear Bldg		08 / 21 /	2006
City Washington	State Zip Code DC 20002		Amount of Each Disbur	
Purpose of Disbursement Contr. Edward M. Kennedy (MA-D-US				3000.00
Candidate Name Edward M. Kennedy		Category/ Type		
	ement For: 2006 Primary General Other (specify)		Senate)	
Full Name (Last, First, Middle Initial) Langevin for Congress			Transaction ID: D888	4
Mailing Address 181-A Knight St			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} /$	2006
City Warwick	State Zip Code RI 02886		Amount of Each Disbur	sement this Period
Purpose of Disbursement Contr. James R. Langevin (RI-2-D-US				1000.00
Candidate Name James R. Langevin	C	Category/ Type		
, <u>, , , , , , , , , , , , , , , , , , </u>	ement For: 2006 Primary General Other (specify)		House)	
Full Name (Last, First, Middle Initial) Maloney for Congress			Transaction ID: D8873	3
Mailing Address 49 East 92nd Street			$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix}$	^Y 2006 ^Y
City New York	State Zip Code NY 10128		Amount of Each Disbur	sement this Period
Purpose of Disbursement Returned Check #11487 dated 3/9/2006 for				-2000.00
Candidate Name Carolyn B. Maloney	C	Category/ Type		
, <u>, , , , , , , , , , , , , , , , , , </u>	ement For: 2006 Primary General Other (specify)		Carolyn B. Maloney (D).	(NY-14-
SUBTOTAL of Disbursements This Page (optional)		<u> </u>		2000.00
TOTAL This Period (last page this line number only)				

	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	FOR LINE NUMBER: (check only one)			:	PAGE 108 / 112		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(CI	21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	•							
۹.	Full Name (Last, First, Middle Initial) Maloney for Congress Mailing Address 49 East 92nd Street					ction ID: [Disburser	ment	2 0 0	6 ^Y
	City	State Zip Code NY 10128			Amoun	t of Each D	Disburse	ment this	Period
	Purpose of Disbursement Contr. Carolyn B. Maloney (NY-14-D-US	10123						2000	.00
	Candidate Name Carolyn B. Maloney Office Sought: X House Disburse	ment For: 2006	Categ	-					
		Primary General Other (specify)			House)	1			
3.	Full Name (Last, First, Middle Initial) Mary Landrieu for Senate Committee Inc				Date of	ction ID: [Disburser	nent		
	Mailing Address 650 Poydras Street, Suite 1434				08	000	3 / Y	ž o ŏ	6 ^Y
	New Orleans	State Zip Code LA 70130			Amoun	t of Each D	Disburse	ment this	
	Purpose of Disbursement Contr. Mary L. Landrieu (LA-D-US Senate) Candidate Name		Categ	-			1000	.00	
	Mary L. Landrieu Office Sought: House Disburse X Senate President State: LA District:	ment For: 2008 Primary X General Other (specify) ▼	Тур	ee					
Full Name (Last, First, Middle Initial) Murtha for Congress Committee Mailing Address Suite 220 551 Main Street Bt Financial Plaza Suite 220					Date of	ction ID: [Disburser	nent		
					0 8 0	[/] 22	^D / Y	ž o ŏ	6 ^Y
	Johnstown	State Zip Code PA 15901			Amoun	t of Each [Disburse	ment this	
Purpose of Disbursement Contr. John P. Murtha (PA-12-D-US House) Candidate Name Cate			Categ	jory/				.00	
	9 1	ment For: 2006	Тур	-					
	Senate President State: PA District: 12	Primary X General Other (specify) ▼							
s	UBTOTAL of Disbursements This Page (optional) .			<u> </u>				5500	.00
T	OTAL This Period (last page this line number only)			•					

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check only	NUMBER: PAGE 109 / 112 vone)				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 29 29	26 30b		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							
 NAME OF COMMITTEE (In Full) 	and address of any political col	mmillee to so	icit contributions from	Such committee			
National Association of Insurance and Finatee	ncial Advisors Political Act	tion Commi	-				
Full Name (Last, First, Middle Initial)			Transaction ID: D8	3875			
A. National Republican Senatorial Committee			Date of Disburseme		v .		
Mailing Address 425 Second Street SE			08 / 21	Ý ŽOŠ6			
	State Zip Code DC 20002		Amount of Each Dis	sbursement this Pe	eriod		
Washington Purpose of Disbursement	20002			15000.00	0		
Contr. National Republican Senat							
Candidate Name		Category/ Type					
Office Sought: House Disburse Senate President X	ment For: 2006 Primary General Other (specify) ▼		(national party committe	ommittee)			
State: District: Annual							
Full Name (Last, First, Middle Initial) Pallone for Congress Committee			Transaction ID: D8 Date of Disbursement				
			M M / D D	2006	Y		
Mailing Address PO Box 3176							
,	State Zip Code NJ 07740		Amount of Each Dis	sbursement this Pe	eriod		
Purpose of Disbursement				2500.00	0		
Contr. Frank Pallone, Jr. (NJ-6-D-US							
Candidate Name Frank Pallone, Jr.		Category/ Type					
Office Sought: X House Disburse Senate President	ment For: 2006 Primary X General Other (specify)	,,	House)				
State: NJ District: 06							
Full Name (Last, First, Middle Initial) Pete King for Congress Committee			Transaction ID: D8 Date of Disburseme				
Mailing Address Post Office Box 1428			08 / 21	2006	Y		
	State Zip Code NY 11783		Amount of Each Dis				
Purpose of Disbursement Contr. Peter T. King (NY-3-R-US House)				2000.00	0		
Candidate Name Peter T. King		Category/ Type					
Office Sought: X House Senate X President State: NY District: 03	ment For: 2006 Primary General Other (specify)						
Otate. 141 District. 00							
SUBTOTAL of Disbursements This Page (optional) .		>		19500.00	0		
TOTAL This Period (last page this line number only)		•					

SCIEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check o	NE NUMBER:		PAGE	110 / 1	12
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a		4 Bc	25 29	26 30b
Any Information copied from such Reports and Statem							
or for commercial purposes, other than using the name	and address of any political co	mmillee to	SOIICIL CONTINUI	LIONS ITOM SUC	COMIT	illee	
NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Advisors Political Act	tion Com	mit-				
Full Name (Last, First, Middle Initial)			Transact	ion ID: D886	35		
Rangel for Congress Committee				isbursement			
Mailing Address PO Box 5577 - Manhatta	nville Stati		08 8	18	ž	0 0̈́ 6 Š	
City New York	State Zip Code NY 10027		Amount o	of Each Disbu	-		-
Purpose of Disbursement	Г				2	500.00	
Contr. Charles B. Rangel (NY-15-D-US Candidate Name	Condidate Name						
Charles B. Rangel		Category/ Type					
X	ment For: 2006 Primary General Other (specify)		House)				
Full Name (Last, First, Middle Initial)			_	5			
3. Sue Kelly For Congress			Date of D	ion ID: D886 isbursement	59		
Mailing Address 17107 Prince Street/Suit	e 7		08 8	18	y y	0 0̈́ 6 Š	
City Alexandria	State Zip Code VA 22314		Amount o	of Each Disbu	rsement	this Per	riod
Purpose of Disbursement Contr. Sue W. Kelly (NY-19-R-US House)			L		1:	500.00	
Candidate Name Sue W. Kelly	C	Category/ Type					
ů X	ment For: 2006 Primary General Other (specify)						
Full Name (Last, First, Middle Initial)					. .		
The Jim Ramstad Volunteer Committee			Date of D	ion ID: D887 isbursement			
Mailing Address 1809 South Plymouth/Suite 310B			08	21	' ź	0 Ď 6 Ť	
City Minnetonka	State Zip Code MN 55305		Amount o	of Each Disbu	rsement	this Per	riod
Purpose of Disbursement Contr. Jim M. Ramstad (MN-3-R-US House)		•	L		4	00.00	
Candidate Name Jim M. Ramstad		Category/ Type					
	ment For: 2006 Primary General Other (specify)						
					or	00.00	
SUBTOTAL of Disbursements This Page (optional))			O.	,00.00	-
TOTAL This Period (last page this line number only)							

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SI	CHEDULE B (FEC Form 3X)		LEGRUNE	NUMBER DAGE 144 / 449			
	•	Use seperate schedule(s)	(check only	NUMBER: PAGE 111 / 112			
Ш	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 🔀 23 🗆 24 🗆 25 🗆 26			
		Detailed Guillinary Fage	27	28a 28b 28c 29 30b			
	y Information copied from such Reports and						
or	for commercial purposes, other than using the	e name and address of any political	committee to so	icit contributions from such committee			
Λ	NAME OF COMMITTEE (In Full)						
17	National Association of Insurance and	d Financial Advisors Political A	Action Commi	t-			
\angle	tee						
A.	Full Name (Last, First, Middle Initial)			Transaction ID: D8857			
Α.	Tim Bishop for Congress			Date of Disbursement			
	Mailing Address PO Box 437			$ \begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} $ $ \begin{bmatrix} D & D & D \\ 1 & 4 \end{bmatrix} $ $ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $			
	Walling Address FO Box 457						
	City	State Zip Code		Amount of Each Disbursement this Period			
	Farmingville	NY 11738					
	Purpose of Disbursement			1000.00			
	Contr. Timothy Bishop (NY-1-D-US House)						
	Candidate Name		Category/				
	Timothy Bishop		Туре				
	X	isbursement For: 2006					
	Senate	X Primary General					
	State: NY District: 01	Other (specify)					
	Full Name (Last, First, Middle Initial)						
В.	Walsh for Congress Committee			Transaction ID: D8871 Date of Disbursement			
	Waish for Congress Committee						
	Mailing Address 306 Winkworth Parkway			$ \begin{bmatrix} 0^{M} & 0^{M} \\ 0^{M} & 0^{M} \end{bmatrix} $ $ \begin{bmatrix} 0 & 2 & 1 \\ 2 & 1 \end{bmatrix} $ $ \begin{bmatrix} 1 & 2 & 1 \\ 2 & 0 & 0 & 6 \end{bmatrix} $			
	City	State Zip Code NY 13215		Amount of Each Disbursement this Period			
	Syracuse	13215		1000.00			
	Purpose of Disbursement Contr. James T. Walsh (NY-25-R-US House)			1000.00			
	Candidate Name		Category/				
	James T. Walsh		Type				
	Office Sought: X House Dis	isbursement For: 2006					
	Senate	X Primary General					
	President	Other (specify)					
	State: NY District: 25						

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	64500.00

(Use separate

PAGE 112 / 112

DEBTS AND OBLIGATIONS Excluding Loans sch fc numl			FOR LINE NUMBER: (check only one) 9 X 10				
NAME OF COMMITTEE (In Full) National Association of Insurance and Financia tee	l Advisors Political Action Con	nmit-					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NAIFA Mailing Address 2901 Telestar Court			Nature of Debt (Purpose): Payroll, Benefits, Supplies, Copies, etc				
City State Falls Church VA	ZIP Code 22042-1205						
Outstanding Balance Beginning This Period 43783.79 Amount Incurred This Period	Payment This Period		nsaction ID: DD#7711 ng Balance at Close of This Period				
34433.83	0.00		78217.62				
SUBTOTALS This Period This Page (optional)		•	78217.62				
2) TOTALS This Period (last page this line number on	ly)	>	78217.62				
3) TOTALS OUTSTANDING LOANS from Schedule		_	* * * * * * * * * * * * * * * * * * * *				
4) ADD 2) and 3) and carry forward to appropriate line	4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)						